SCRIPT IMPLEMENTATION RECOMMENDATIONS

This document provides requirements and best practice guidance for implementation when transmitting NCPDP SCRIPT transactions. This document also contains editorial corrections, clarifications to the NCPDP SCRIPT Implementation Guide documents.

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SCRIPT Implementation Recommendations

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<th>Date</th>
<th>Page</th>
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</thead>
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<td>VERSION 1.58 AUGUST 2021</td>
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<td>20.22</td>
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<td>20.26</td>
<td>VERSION 1.62 AUGUST 2022</td>
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<td>20.27</td>
<td>VERSION 1.63 NOVEMBER 2022</td>
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<td>20.30</td>
<td>VERSION 1.66 AUGUST 2023</td>
<td>160</td>
</tr>
<tr>
<td>20.31</td>
<td>VERSION 1.67 NOVEMBER 2023</td>
<td>162</td>
</tr>
</tbody>
</table>
1. PURPOSE

The recommendations in this document are expected to be followed by the industry for consistent and complete prescription transactions of the NCPDP SCRIPT Standard. It is expected that users of the standard comply with all applicable laws and regulations. As the electronic prescribing industry has matured, more robust requirements have been added to the transaction standards. It is recommended that a transaction that does not follow the recommendations be rejected as incomplete. These recommendations will be brought forward, and it is anticipated that they will be reflected in future versions of the SCRIPT Standard. These recommendations provide a bridge to the future versions.

This document also contains editorial corrections and clarifications to the NCPDP SCRIPT Implementation Guide documents.

The SCRIPT Standard and all NCPDP standards are available with membership at www.ncpdp.org.
2. RECOMMENDATIONS FOR CONSISTENT USE OF DRUG IDENTIFICATION FIELDS USED IN SCRIPT TRANSACTIONS

To increase efficiencies and reduce potential errors associated with electronic prescribing related to inconsistent use of the NCPDP SCRIPT Drug identification fields.

2.1 DEFINING THE PROBLEM

The NCPDP membership has raised a concern regarding inconsistencies in the use of drug identification fields in the NCPDP SCRIPT message format used to create electronic prescription messages. These messages include new prescriptions, refill/renewals, fill status notifications, medication history, etc. Drug identification inconsistencies have a potential to cause confusion at the pharmacy for drugs that are electronically prescribed. These inconsistencies in the use of the drug description fields can lead to potential patient safety issues and inefficiencies for the pharmacy and prescriber.

Problems identified:

1. Lack of standardization –
   a. An electronic prescribing system that is not using a drug knowledgebase compendium and not exchanging industry recommended drug description data and lack of standardization on drug description names among drug knowledgebase compendium.
   b. An electronic prescribing system that uses a drug knowledgebase compendium but allows the prescriber to manually change the drug description.
   c. Healthcare systems and technology vendors implementing their own editorial policies to create drug description strings. In most instances, these organizations do use a standard drug knowledgebase compendium.
   d. When a product does not have an identifier.

2. Guidance available is limited - from drug knowledgebase compendia to their customers for providing appropriate source data element guidance for the drug description.

3. Lack of awareness - electronic prescribing system that is using a drug knowledgebase compendium but not sending the compendium’s recommended appropriate source data element for the drug description.

4. Lack of timely updates - to drug files, at the vendor and at the end user system.

See section “Frequently Asked Questions”.

2.1.1 Example of the Problem

The extended-release dose form of glipizide has been transmitted in prescriptions as:

- GlipiZIDE 5 MG Tablet Extended Release 24 Hour
- GLIPIZE 5 MG TB24
- GLIPIZE 5MG TAB OSM 24
- GlipiZIDE Extended Release 5 mg tablet, extended release
- GLIPIZE ORAL TABLET 24 HR 5 MG
- GlipiZIDE XL 5 MG Oral Tablet Extended Release 24 Hour
- Glipizide Tab, Sust Rel Osmotic Push 24hr 5 mg
In the above examples, abbreviations such as “TB24” “OSM 24” should not be used. The appropriate description should be used.

2.2 **RECOMMENDATION SUMMARY**

1. Information transmitted must be clear and not cause confusion in patient safety.
2. The end result is that the prescriber and the pharmacist have the final review of the medication to be prescribed or dispensed.
3. EHR, electronic prescribing, and pharmacy systems are strongly encouraged to use a commercial compendia source for ePrescribing Drug Names.
4. EHR, electronic prescribing, and pharmacy systems are strongly encouraged to support timely and accurate updates for drug files from a recognized authoritative source.
5. The drug compendia use industry recognized best vocabulary, practices of vocabulary and publication. These same practices should be followed by electronic prescribing and pharmacy vendors who do not choose to use a drug compendium.

2.3 **RECOMMENDATIONS TO DRUG COMPENDIA**

The following are recommendations to drug compendia for best practices so that information used by electronic prescribing systems on prescriptions will minimize potential patient harm and operational inefficiencies.

1. All commercial compendia should adhere to certain guidelines when creating their ePrescribing Drug Name. At a minimum, the compendia guidelines should include:
   a. A proper ePrescribing Drug Name
      i. Needs to contain the appropriate elements to enable the accurate filling of the prescription. It should minimize prescriber and pharmacist confusion. It should not compromise patient safety.
      ii. The appropriate source data element should contain the description from the commercially available product name (or the name that appeared when it was commercially available). It may generally contain the drug name, strength unit, and form, as appropriate.
      iii. Generic drug descriptions are permissible. If used, they should follow the same protocol as brand names. However, if potential confusion exists between similar generic descriptions, brand names should be considered. Note, the SCRIPT field Item Number (<ProductCode>) provides specificity.
      iv. Care should be taken to minimize the use of clinically accepted and significant abbreviations (e.g., Hydrochloride is clinically abbreviated as HCl and considered clinically accurate and accepted. Hydrochlorothiazide is clinically abbreviated as HCTZ but is not ISMP compliant and should not be abbreviated unless part of the brand name).
      v. Abbreviations (e.g., HBr, NaCl, HFA) and suffixes (e.g., XL, SR) are acceptable to use. (ISMP recommendations should be used.)

The following table summarizes and illustrates good and bad methods of representing the various elements of a drug description:
### Element

<table>
<thead>
<tr>
<th>Good examples</th>
<th>Bad examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Product Name(s)</strong></td>
<td></td>
</tr>
<tr>
<td>• Lipitor</td>
<td>• HCTZ</td>
</tr>
<tr>
<td>• Diltiazem HCl</td>
<td>• APAP</td>
</tr>
<tr>
<td>• AZT</td>
<td>• AZT</td>
</tr>
<tr>
<td><strong>Strength and Strength Form (when necessary)</strong></td>
<td><strong>Strength and Strength Form (when necessary)</strong></td>
</tr>
<tr>
<td>• 180 MG</td>
<td>• 180</td>
</tr>
<tr>
<td>• 200MG/5ML or 200 mg/5 mL</td>
<td>• 200-5</td>
</tr>
<tr>
<td>• Adderall (note: mixed salts of a single-entity/amphetamine product can be listed per label expression instead of the list of individual ingredients)</td>
<td>• 40/ML</td>
</tr>
<tr>
<td>• Arthrotec 50 Delayed-Release Tablet (note: product contains two active ingredients but name reflect only one with no mg designation.)</td>
<td></td>
</tr>
<tr>
<td><strong>Dosage Form</strong></td>
<td></td>
</tr>
<tr>
<td>• Tablets</td>
<td>• TB</td>
</tr>
<tr>
<td>• Capsules</td>
<td>• CP</td>
</tr>
<tr>
<td>• Kits (note: when more than one dosage form)</td>
<td>• KT</td>
</tr>
<tr>
<td>• 12 HR Delayed Release Tablets</td>
<td>• 12h</td>
</tr>
<tr>
<td>• 24 HR Extended Release Capsules</td>
<td>• TB24</td>
</tr>
<tr>
<td>• Each (Prevpac is provided as 14 cards of 8 tablets and capsules for a total quantity of 112 Each per NCPDP recommendations)</td>
<td>• EA</td>
</tr>
<tr>
<td><strong>Route of Administration (when necessary)</strong></td>
<td><strong>Route of Administration (when necessary)</strong></td>
</tr>
<tr>
<td>• Oral</td>
<td>• PO</td>
</tr>
<tr>
<td>• Topical</td>
<td>• OR</td>
</tr>
<tr>
<td>• External</td>
<td>• Do not abbreviate oral as OR</td>
</tr>
</tbody>
</table>

*The registered trademarks are not represented on the chart.*

b. **A proper ePrescribing Drug Identifier**
   i. If an RxNorm concept exists, present the link to the RxCUI and Term Type that relates to the compendia recommended ePrescribing Name. The RxCUI/Term Type should exactly match the ePrescribing Name concept. If the ePrescribing Name is for a brand product, then the RxNorm RxCUI and the corresponding Term Type should also all be for the same brand product. Similarly, if the ePrescribing Name is for a generic product, then the RxNorm RxCUI and the corresponding Term type should exactly match the generic product ePrescribing name.

   **Examples:**
   - Drug Descriptions: Levoxyl 88 mcg oral tablet
     - RxNorm RxCUI: 966175
     - RxNorm Term Type: SBD
   - Drug Description: amoxicillin 500 mg oral capsule
     - RxNorm RxCUI: 308191
     - RxNorm Term Type: SCD

   ii. If an RxNorm concept does not exist, present the link to the NDC that relates to the compendia recommended ePrescribing Name.

   iii. In certain cases (e.g., insulin syringe), no RxCUI or NDC may be available. In these cases, the compendia are encouraged to present a link to the
identifier (UPC, HRI, etc.) that relates to the compendia recommended ePrescribing Name.

2. All commercial compendia should publish guidelines to their customers indicating which data elements within their proprietary database systems should be used to construct an appropriate ePrescribing Drug Name. In the instructional information provided by the compendia to its customers, it should be clear which appropriate source data elements should be used to populate the SCRIPT field Item Description <DrugDescription> in <Medication>) in electronic prescribing exchanges.

### 2.4 RECOMMENDATIONS TO EHR AND ELECTRONIC PRESCRIBING VENDORS

The following are recommendations to EHR and electronic prescribing vendors for best practices and standardized field usage, so that information sent to the pharmacy on prescriptions will minimize confusion and possible patient harm.

1. EHR and electronic prescribing systems are strongly encouraged to use a commercial compendia source, and to use the compendia’s recommended ePrescribing Drug Name.
   a. The recommended ePrescribing Drug Name is not to be modified.

2. If an EHR and electronic prescribing system does not use a commercial compendia source, at a minimum, it should use RxNorm for ePrescribing Drug Name.

3. EHR and electronic prescribing systems should transmit drug identification fields as follows:
   a. If an EHR and electronic prescribing system utilizes a compendium,
      i. If an RxNorm concept exists, send the RxCUI and the compendia recommended ePrescribing Name. If an RxNorm concept does not exist, send a Representative NDC and the compendia recommended ePrescribing Name.
      ii. In certain cases (e.g., insulin syringe), no NDC (therefore no Representative NDC) may be available. The identifier (UPC, HRI, etc.) from the compendia should be sent with the compendia recommended ePrescribing Name.
   b. If an EHR and electronic prescribing system doesn’t utilize a commercial compendium it should use RxNorm
      i. If an RxNorm concept exists, send the RxCUI and RxNorm Name that most closely mirrors the label name.
         1. The RxNorm Name is not to be modified.
      ii. If an RxNorm concept doesn’t exist, do not send it electronically.

4. EHR and electronic prescribing systems should support timely and accurate updates for drug files from a recognized authoritative drug information source.
   a. Updates should be added timely via the maintenance process established by the vendor/system. The industry recommends updates are made within a clinically appropriate timeframe (online real-time, daily, weekly, no less than monthly), to reduce the need for manual drug description entry and use of inappropriate, inaccurate, inconsistent drug descriptions instead of using industry recommendations.
   b. Consideration should be made for manual updates for timely use. Manual updates for items not listed but prescribed should follow the same guidelines as in section “Recommendations to Drug Compendia”.
c. In the rare cases that a drug description was manually added (e.g., new drug added to market), it should be modified and/or deleted as soon as a compendium- or RxNorm-based record is electronically loaded.

5. For electronic prescribing using the NCPDP SCRIPT Standard, the following recommendations support best practices:
   a. A controlled substance electronic prescription must contain an industry-established identifier.
   b. When item dosage form and item strength fields are properly included in the drug description, they should not be sent as individual fields.

6. EHR and electronic prescribing systems may choose to support local drug names on “favorite’s or quick pick lists”, but the final review and the transmission of the ePrescribing drug name should follow these recommendations.

2.5 RECOMMENDATIONS TO PHARMACY SYSTEM VENDORS

The following are recommendations to pharmacy system vendors supporting electronic prescribing.

1. The pharmacist should be shown the actual drug description transmitted as well as the drug description obtained by the dispensing system.
2. For best practices, it is recommended that when the Pharmacy System receives a transaction containing medication information, if an RxCUI is sent, the pharmacist should be shown the actual drug description transmitted as well as the drug description obtained by the search of the RxCUI; the drug name sent as well as the drug name looked up.
3. Pharmacy Systems are strongly encouraged to use a commercial compendia source for ePrescribing Drug Names.
4. If a Pharmacy System does not use a commercial compendia source, at a minimum, it should use RxNorm for ePrescribing Drug Names.
5. When transmitting the drug, the drug identification fields should be used as follows:
   a. If a Pharmacy System utilizes a compendium,
      i. If an RxNorm concept exists, send the appropriate RxCUI and the compendia recommended ePrescribing Name.
      ii. If an RxNorm concept does not exist, send a Representative NDC for the prescribed or requested drug, and the compendia recommended ePrescribing Name.
      iii. For the dispensed drug, send the appropriate product identifier (e.g., NDC) and the associated drug name.
      iv. In certain cases (e.g., insulin syringe), no NDC (therefore no Representative NDC) may be available. The identifier (UPC, HRI, etc.) from the compendia should be sent with the compendia recommended ePrescribing Name.
   b. If a Pharmacy System doesn’t utilize commercial compendia it should use RxNorm.
      i. If an RxNorm concept exists, send the appropriate RxCUI and RxNorm Name that most closely mirrors the label name for the prescribed or requested drug.
      a. The RxNorm Name is not to be modified.
ii. For the dispensed drug, send the appropriate product identifier (e.g., NDC) and the associated drug name.

iii. If an RxNorm concept doesn’t exist, do not send it electronically.

2.6 FREQUENTLY ASKED QUESTIONS

2.6.1 Why Doesn’t a Product Have an Identifier?
It may be a new product to market and the updates to product or drug files at the various constituents just take time. A possible other problem identified is that there may be manufacturers that choose to not provide identifiers to the industry.

2.6.2 What is a Recognized Authoritative Drug Information Source?
A recognized authoritative drug information source is defined as a comprehensive listing of the Food and Drug Administration-approved drugs and biologicals. Such listings are published by a variety of sources including drug information from RxNorm, drug knowledgebase, drug compendia companies, etc.

2.6.3 Where Should the Commercially Available Product Name be Obtained if Not from a Drug Compendia?
If not using a drug compendium, RxNorm is to be used. Additional sources of representative product labeling are:
- DailyMed
- drugs@fda

2.6.4 What is a Representative NDC?
Since prescribing systems typically operate at a label name level of specificity, it is not always necessary to supply all NDCs that tie to a given label name. In order to reduce the size of the formulary and benefit files, it is possible to use one or a subset of representative NDCs to define a category of medication. An NDC, by definition, is specific to a manufacturer/labeler, product, and associated packaging information. A representative NDC is an 11-digit NDC code that is intended to depict a category of medication regardless of package size and manufacturer/labeler. A representative NDC is not intended to infer specificity or preference to the embedded manufacturer/labeler. In order to maximize the opportunity that the selected NDC exists among the various drug files, a representative NDC should be a nationally available product and not be a repackaged NDC, obsolete NDC, private label NDC or unit dose NDC unless it is the only NDC available identifying that category of medication. The drug description of the product must match the description of the representative NDC code value.

2.6.5 What should the receiver do if they receive a drug name that is not recognized or does not follow the recommendations?
The receiver has options to use the Error transaction with appropriate reject information and/or to follow normal business practices to clarify the prescription.

2.6.6 Can any Symbol be included in the ePrescribing Drug Name?
Symbols that a computer could translate to a computer command or control character should not be sent. See section “Standard Conventions” in SCRIPT 10.11 and below (or the actual XML schema in SCRIPT 2010 and above) for the valid character set that can be transmitted.
2.6.7  How Should the Drug Description field be Populated in Electronic Messages?
EHR and electronic prescribing systems are strongly encouraged to use a commercial compendium source, and to use the compendium’s recommended ePrescribing Drug Name. The recommended ePrescribing Drug Name as published (is not to be modified). The product identifiers must relate to the compendia recommended ePrescribing Name (See Chapter “Recommendations for Consistent Use of Drug Identification Fields used in SCRIPT Transactions”). See https://ncpdp.org/Resources.aspx for Dosing Designations-Oral Liquid Medication Labels white paper and NCPDP Recommendations for Improved Prescription Container Labels for Medicines Containing Acetaminophen white paper.

It is highly recommended that when populating the Drug Description field in electronic prescribing that ONE brand name or JUST the generic name is to be sent. Including both a brand and generic name in this field leads to ambiguity in the dispensing system (which does the prescriber intend to prescribe, the brand or the generic?). This is important because of state pharmacy laws that require the product written to be recorded and that dispensers clearly indicate to the patient if a substitution was made.

Multiple brand names in the drug description field also can cause ambiguity because they are often not AB-rated in Orange Book; this will again cause confusion at the dispensing end that will often result in a call for clarification.

Incorrect Examples:
1. Example 1
   
   <MedicationPrescribed>
   <DrugDescription>NIFEdipine (ADALAT CC/PROCARDIA XL) 60 mg SR tablet</DrugDescription>
   <DrugCoded>
   <ProductCode>54868453100</ProductCode>
   <ProductCodeQualifier>ND</ProductCodeQualifier>
   </DrugCoded>

2. Example 2
   
   <MedicationPrescribed>
   <DrugDescription>potassium chloride (K-DUR, KLORE-KON) 10 mEq sustained release tablet</DrugDescription>
   <DrugCoded>
   <ProductCode>62037071001</ProductCode>
   <ProductCodeQualifier>ND</ProductCodeQualifier>
   </DrugCoded>

The above actual examples are incorrect because:
Adalat CC and Procardia XL are not AB rated products; this means they are not substitutable in Orange Book states and that liability for any adverse events is assumed by the pharmacist in non-Orange Book states. Essentially, these prescriptions MUST be clarified in some states and WILL be in others.

K-DUR and Klor-Con have different release designs and are not AB rated products; again, they are not substitutable in Orange Book states and that liability for any adverse events is assumed by the pharmacist in non-Orange Book states. Essentially, these prescriptions too MUST be clarified in some states and WILL be in others.
Correct Examples (including the RxNorm Code):

1. Example 1
   If the Adalat brand was intended:
   
   ```xml
   <MedicationPrescribed>
   <DrugDescription>ADALAT CC 30 MG TABLET</DrugDescription>
   <DrugCoded>
   <ProductCode>00085170102</ProductCode>
   <ProductCodeQualifier>ND</ProductCodeQualifier>
   <DrugDBCode>672916</DrugDBCode>
   <DrugDBCodeQualifier>SBD</DrugDBCodeQualifier>
   </DrugCoded>
   
   If the generic was intended:
   
   ```xml
   <MedicationPrescribed>
   <DrugDescription>NIFEDIPINE ER 30 MG TABLET</DrugDescription>
   <DrugCoded>
   <ProductCode>00093205701</ProductCode>
   <ProductCodeQualifier>ND</ProductCodeQualifier>
   <DrugDBCode>198034</DrugDBCode>
   <DrugDBCodeQualifier>SCD</DrugDBCodeQualifier>
   </DrugCoded>
   ```

2. Example 2
   If the Klor-Con brand was intended:
   
   ```xml
   <MedicationPrescribed>
   <DrugDescription>KLOR-CON 10 MEQ TABLET</DrugDescription>
   <DrugCoded>
   <ProductCode>00245004101</ProductCode>
   <ProductCodeQualifier>ND</ProductCodeQualifier>
   <DrugDBCode>628958</DrugDBCode>
   <DrugDBCodeQualifier>SBD</DrugDBCodeQualifier>
   </DrugCoded>
   
   If the generic was intended:
   
   ```xml
   <MedicationPrescribed>
   <DrugDescription>POTASSIUM CL ER 10 MEQ TABLET</DrugDescription>
   <DrugCoded>
   <ProductCode>00781571001</ProductCode>
   <ProductCodeQualifier>ND</ProductCodeQualifier>
   <DrugDBCode>628953</DrugDBCode>
   <DrugDBCodeQualifier>SCD</DrugDBCodeQualifier>
   </DrugCoded>
   ```
3. **PRESCRIPTION REQUIREMENTS**

The purpose of this section is that, with increased adoption of electronic prescribing, it is increasingly apparent that pharmacies are not receiving the information required by regulations to comply with their state pharmacy acts and as such, have requested the NCPDP SCRIPT Standard be enhanced to support the requirements.

The recommendations in this document are expected to be followed by the industry for consistent and complete prescriptions. It is recommended that a transaction that does not follow the recommendations be rejected as incomplete. These recommendations will be brought forward and it is anticipated that they will be reflected in future versions of the SCRIPT Standard.

3.1 **BEST PRACTICES FOR ORAL LIQUID MEDICATIONS**

In March 2014, NCPDP published a white paper “NCPDP Recommendations and Guidance for Standardizing the Dosing Designations on Prescription Container Labels of Oral Liquid Medications”. This paper addresses patient safety concerns when medications are dispensed using non-metric measures such as teaspoon and tablespoon. Implementers of Structured and Codified Sig are encouraged to review the white paper and support sending oral liquid prescriptions using only milliliters (mL).

3.2 **CONSISTENT USE OF <NOTE>**

If a consistent use of <Note> is found that should be incorporated into the standard in discrete data fields, a Data Element Request Form (DERF) should be submitted. The NCPDP Data Element Request Form (DERF) may be found at [https://standards.ncpdp.org/Our-Process.aspx](https://standards.ncpdp.org/Our-Process.aspx).

3.3 **RECOMMENDATIONS FOR ELECTRONIC PRESCRIBING IN PEDIATRICS**

On March 25, 2013, the following article was published.

*Electronic Prescribing in Pediatrics: Toward Safer and More Effective Medication Management*

COUNCIL ON CLINICAL INFORMATION TECHNOLOGY EXECUTIVE COMMITTEE, 2011 -2012

*Pediatrics* 2013;131;824; originally published online March 25, 2013;

DOI: 10.1542/peds.2013-0192

The online version of this article, along with updated information and services, is located on the World Wide Web at: [http://pediatrics.aappublications.org/content/131/4/824.full.html](http://pediatrics.aappublications.org/content/131/4/824.full.html)

It contained the first 2 columns in Table 1 (below). NCPDP provided the following actions/recommendations to the categories. These recommendations are included below for industry use.
## TABLE 1 Pediatric Requirements for Safe and Effective e-Prescribing

<table>
<thead>
<tr>
<th>Category</th>
<th>Pediatric Requirements</th>
<th>NCPDP action/recommendation (industry use of current SCRIPT Version)</th>
<th>Future action/recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient information</td>
<td>Date of birth or age in units more specific than years</td>
<td>The electronic prescribing/EHR and pharmacy system should calculate age from the Date Of Birth contained in the transactions. The SCRIPT Implementation Guide states that birth date should be sent whenever possible.</td>
<td>N/A</td>
</tr>
<tr>
<td>Weight in kilograms</td>
<td>Available for exchange in the Observation Segment. An example of the Observation Segment will be put in the NCPDP SCRIPT Implementations Recommendation document. Dosing calculations are also available for exchange in the structured and codified Sig Segment.</td>
<td>Completed - SCRIPT version 2013101 enhanced the Observation Segment to support LOINC and UCUM. Question to AAP – Does AAP recommend that the industry move towards the required use of metric measurements? If so, what actions are being taken to achieve this?</td>
<td></td>
</tr>
<tr>
<td>Height in centimeters</td>
<td>Available for exchange in the Observation Segment. An example of the Observation Segment will be put in the NCPDP SCRIPT Implementations Recommendation document. Dosing calculations are also available for exchange in the structured and codified Sig Segment.</td>
<td>Completed - SCRIPT version 2013101 enhanced the Observation Segment to support LOINC and UCUM. Question to AAP – Does AAP recommend that the industry move towards the required use of metric measurements? If so, what actions are being taken to achieve this?</td>
<td></td>
</tr>
<tr>
<td>Any history of intolerable adverse effects or allergy to Medications</td>
<td>Available for use - NCPDP has ClinicalInformation transactions where allergies, medical history, conditions are exchanged. Adverse events are captured at point of care (prescriber, pharmacy). Each SCRIPT transaction supports the DUE (Drug Use Evaluation) Segment for reporting interactions and actions between pharmacist and prescriber.</td>
<td>The task group is exploring the use of the existing Allergy Segment (contains allergies, problems, etc.) in electronic prescribing transactions in the future. The task group will explore the use of CDA as an attachment in other SCRIPT transactions.</td>
<td></td>
</tr>
<tr>
<td>Medication information</td>
<td>Indication-based dosing and individual and daily dose alerts, using a mg/kg per day or mg/m2 per day formula, unless inappropriate</td>
<td>DUE interrogation and alerts should be done at the point of care (prescriber, pharmacy). Use of industry drug database products is recommended.</td>
<td>N/A</td>
</tr>
<tr>
<td>Weight-based dosing calculations</td>
<td>Available for exchange in the Observation Segment. An example of the Observation Segment will be put in the NCPDP SCRIPT Implementations Recommendation document. Dosing calculations are also available for exchange in the structured and codified Sig Segment.</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Pediatric Requirements</td>
<td>NCPDP action/recommendation (industry use of current SCRIPT Version)</td>
<td>Future action/recommendation</td>
</tr>
<tr>
<td>----------</td>
<td>------------------------</td>
<td>---------------------------------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>All available formulations, including liquid formulations that may be specific brands</td>
<td>Use of industry drug database products and RxNorm are recommended. Done at the point of care (prescriber); may be an EHR certification or best practices recommendation.</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Common formulations requiring extemporaneous compounding or combinations of active ingredients</td>
<td>See NCPDP SCRIPT Implementations Recommendations document on compound exchanges.</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Cognitive support</td>
<td>Dose-range checking (minimum and maximum amount per dose, amount per day based on weight, surface area, and total dose)</td>
<td>Use of industry drug database products is recommended. Dosing calculations are also available for exchange in the structured and codified Sig Segment. Dose calculation maximums support height/weight/body surface area.</td>
<td>N/A</td>
</tr>
<tr>
<td>Automatic strength-to-volume conversions for liquid medications</td>
<td>Use of industry drug database products is recommended.</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Adverse effect warnings specific to pediatric populations</td>
<td>Use of industry drug database products is recommended. Adverse events are captured at point of care (prescriber, pharmacy). Each SCRIPT transaction supports the DUE (Drug Use Evaluation) Segment for reporting interactions and actions between pharmacist and prescriber.</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Alternative therapies based on ameliorable adverse effects</td>
<td>Use of industry drug database products is recommended.</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Tall Man lettering to reduce medication selection errors</td>
<td>Use of industry drug database products is recommended.</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Medication-specific indications to reduce ordering of soundalike Drugs</td>
<td>Use of industry drug database products is recommended. Indication fields are available for exchange in the structured and codified Sig. Also of interest <a href="https://ncpdp.org/Resources.aspx">https://ncpdp.org/Resources.aspx</a> - Universal Medication Schedule (UMS) white paper.</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Pharmacy information</td>
<td>Pharmacies that will create extemporaneous compounds</td>
<td>Industry products may contain pharmacy demographic and service information to identifying compounding services. Trading partner directories may contain this information.</td>
<td>N/A</td>
</tr>
<tr>
<td>Data transmission</td>
<td>Use of messaging standards for data transmission to</td>
<td>Available for exchange in the Observation Segment and the structured and codified Sig Segment. The task group will explore the use of CDA as an attachment in other SCRIPT transactions.</td>
<td></td>
</tr>
</tbody>
</table>
### Category: Pediatric Requirements

<table>
<thead>
<tr>
<th>Pediatric Requirements</th>
<th>NCPDP action/recommendation (industry use of current SCRIPT Version)</th>
<th>Future action/recommendation</th>
</tr>
</thead>
</table>
| pharmacies that include the patient’s weight and notes pertaining to weight-based calculations | Use of industry drug database products is recommended. Liquid medication can be transmitted in metric units in SCRIPT.  
  See NCPDP SCRIPT Implementations Recommendation document on drug name and best practices for medication information.  
  Dosing calculations are also available for exchange in the structured and codified Sig.  
  NCPDP has another task group that is creating a white paper to support the use of mL for volumetric measure in medication orders, electronic prescribing, patient instructions and prescription labeling. It is expected to be published in 2014 and would be available at http://www.ncpdp.org/Whitepaper.aspx | N/A                          |
| Transmission of strength, concentration, and dose volume labeled in metric units for liquid medications |                                                                                                                                                             |                              |

**Recommendation:** For pediatric patients - As electronic prescribing/EHR systems capture this information; it is strongly recommended that the Observation Segment with current information for patient height and weight (and any other pertinent information) be sent on prescriber-initiated transactions for prescriptions. If the Observation Segment is sent, the measurement date is strongly recommended to be sent.
3.4 Recommendations for ePrescribing Best Practices of Patient Height, Weight, Contact, Insurance, and Diagnosis Information

3.4.1 Inclusion of Patient Height and Weight Data

Last updated: 08/2023
Version: 2017071 and greater
Currently, the SCRIPT Standard does not require that patient height and/or weight be sent, the transmission of this additional patient information is supported in the Observation Segment. This information is especially important for infused, injected, oncology, geriatric, obstetrics and pediatric medications. To enhance patient safety, accurate dosing, and potentially assist with clinical management programs it is required that the most recent patient height and patient weight be included on all new and renewal prescriptions for patients 18 and under (i.e., less than 19 years old), when either measurement is applicable to the prescribed drug therapy. The date associated with the measures should also be sent.

3.4.2 Inclusion of Patient Contact Information

The NCPDP SCRIPT Standard requires the patient last name and first name are sent. The street address of the patient is also required to be sent (see section “Implementation to the SCRIPT Standard”). A recommendation is to include the patient’s communication information (preferably cellular or home telephone number and/or email). These data elements are supported within the Patient Segment.

3.4.3 Inclusion of Patient Insurance Information

The SCRIPT Standard has an optional <BenefitsCoordination>, which supports up to 4 loops) that is used to forward the patient’s insurance information. EHR/electronic prescribing vendors are encouraged to include pharmacy and medical insurance information, preferably obtained from the ASC X12 270/271 eligibility request and response, in the <BenefitsCoordination> when transmitting all prescriptions to the pharmacy. If more than one X12 271 response is received (i.e., one for medical benefits and one for pharmacy benefits) that information can be sent. Providing as much available insurance information as possible on the prescription may reduce call backs to prescribers to obtain this information, expediting the access to the medications for chronic and life-threatening conditions.

If available, the patient relationship to the cardholder should be sent. This data element is in <Patient>.

3.4.4 Inclusion of Diagnosis

To document and communicate the reason for the prescription, NCPDP strongly recommends that diagnosis and indication be included in all prescriptions. Communicating this information will improve patient safety, enhance efficiency, and expedite prior authorization. Inclusion of this information will reduce the need for the pharmacist to contact the prescriber for missing information such as that needed for prior authorization, claim processing or regulatory compliance.
For LTPAC, it is recommended the SCRIPT message must contain at least one loop populated with the primary diagnosis related to the prescription in <MedicationPrescribed><Diagnosis><Primary>.

Including the indication/diagnosis can also support providing patient friendly language for the medication label and patient information leaflet and is required to be supported in the Health IT 2015 certification requirements. The 2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications may be found at the following location: http://federalregister.gov/a/2015-25597.

The SCRIPT Standard supports the transmission of two occurrences of diagnosis loop, each containing a primary and a secondary diagnosis.

If sent:
- The first diagnosis loop must include ICD code(s)
- An optional second loop may include SNOMED CT® code(s).

If two diagnosis loops are sent:
- The primary diagnoses must be consistent.
- The secondary diagnoses must be consistent.

A second occurrence of diagnosis loop cannot be used to specify a third (or fourth) diagnosis.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Example Value</th>
<th>Comment</th>
<th>Example Value</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>ClinicalInformationQualifier</td>
<td>1</td>
<td></td>
<td>1</td>
<td>Must match first occurrence</td>
</tr>
<tr>
<td>Primary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>I10</td>
<td>59621000</td>
<td></td>
<td>Alternate code for &lt;Primary&gt;</td>
</tr>
<tr>
<td>Qualifier</td>
<td>ABF</td>
<td>ICD-10</td>
<td>LD</td>
<td>SNOMED</td>
</tr>
<tr>
<td>Description</td>
<td>Essential (primary) hypertension</td>
<td>Essential Hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>E876</td>
<td>43339004</td>
<td></td>
<td>Alternate code for &lt;Secondary&gt;</td>
</tr>
<tr>
<td>Qualifier</td>
<td>ABF</td>
<td>ICD-10</td>
<td>LD</td>
<td>SNOMED</td>
</tr>
<tr>
<td>Description</td>
<td>Hypokalemia</td>
<td></td>
<td>Hypokalemia</td>
<td></td>
</tr>
</tbody>
</table>

3.4.5 Best Practices for Prescriber and Patient Addresses

3.4.5.1 Prescriber

When a prescriber works for different organizations, e.g., a private practice clinic and urgent care setting, the prescriber address should be the location at which the encounter took place.
When providing home health care services, the prescriber address should be the practice location to which the patient encounter is associated.

When the virtual care encounter can be associated with a physical healthcare practice location, the prescriber address should be that practice location.

When providing telehealth services only, either directly or through an agency, the prescriber address should be associated with the prescriber as licensed by a state or federal institution, e.g., DEA number or NPI and to which the patient information is or will be associated.

### 3.4.5.2 Patient

When the encounter takes place in an acute or ambulatory care setting, the patient address should be the patient’s permanent residence. Patient Address should be the address where the patient can be contacted if follow-up is needed.

When a patient does not have a permanent residence then AddressLine1 of the patient address should be populated with “UNHOUSED”, and a local city, state, and postal code used for the remainder of the address.

When the address of the patient cannot be obtained, e.g., expedited partner therapy, then the AddressLine1 of the patient address should be populated with “Unknown” and a local city, state, and postal code used for the remainder of the address.

### 3.5 Best Practices for Telehealth

#### 3.5.1 How should a prescriber indicate that a prescription was the result of a Telehealth visit?

The PrescriberPlaceofService should be used to identify the prescriber/patient encounter. The below CMS defined values are used to identify the type of telehealth visit. It is highly recommended that PrescriberPlaceofService always be populated regardless of the place of service. [https://www.cms.gov/medicare/coding/place-of-service-codes](https://www.cms.gov/medicare/coding/place-of-service-codes)

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>Telehealth Provided Other than in Patient’s Home (January 1, 2017) The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.</td>
</tr>
<tr>
<td>10</td>
<td>Telehealth Provided in Patient’s Home (January 1, 2022) The location where health services and health related services are provided or received, through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.</td>
</tr>
</tbody>
</table>
3.5.2 When a valid practitioner-patient relationship is required for prescribing via Telehealth, how should it be noted in an electronic prescription?

The PrescriberPlaceOfService should be used to identify the prescriber/patient encounter, values 02 and 10 are specific to Telehealth. Additionally, to help establish that practitioner/patient relationship exists, the date of the last in-person office visit should be placed in the <MedicationPrescribed> <Note> element as follows: “LastOfficeVisit:MMDDCCYY”.

3.6 General Recommendations

3.6.1 ePrescribing Best Practices When the Patient requests the Pharmacist Send Renewal Requests to a Different Prescriber or the Pharmacy is Forced to do so by Circumstances, such as Prescriber Temporary or Permanent Unavailability

Updated: 11/2023
Version: 2017071

When the patient asks the pharmacist to send a renewal request to a prescriber other than the current prescriber or is directed to do so by the original prescriber or prescriber office, the following is recommended:

1. The pharmacist sends a NewRxRequest to the indicated prescriber as directed.
2. The pharmacist may provide message content on the NewRxRequest (in the <Note> field) communicating reason why the NewRxRequest is being sent to the new provider. Example <Note> field text is “Patient prefers medication be managed by: xxxx (where xxxx is prescriber’s name, “PCP”, or other prescriber indicator such as “OB/GYN”).
3. If denied, the Prescriber sends a NewRxResponseDenied. The prescriber may provide message content on the NewRxResponseDenied indicating the reason for denial, such as “patient needs to be seen in clinic” or instructing the pharmacist not to request renewals and providing the name of the prescriber following the patient, when known (in the <Note> field).

Alternatively, a RxRenewalRequest message may be redirected to the desired prescriber as instructed by the patient, the original prescriber or the original prescriber’s office. In this case, a <Note> should be added, clarifying the reason the RxRenewalRequest has been directed to this new prescriber.

3.6.2 ePrescribing Best Practices when the Pharmacy Is Unable or Unwilling to Dispense

Question: What methods are available to the pharmacist to electronically convey a message to the prescriber indicating the pharmacy cannot or will not dispense the patient’s prescription that was received as a NewRx, RxChangeResponse or RenewalResponse? (This question is not based on a scenario where prescription was not dispensed because the patient never picked it up (non-adherence).)
**Response:** The NCPDP SCRIPT Standard supports electronic mechanisms to convey information from a pharmacist to a prescriber via the RxFill message or the RxChange message.

The RxFill message can be sent by the pharmacist to the prescriber notifying them that the pharmacist is unable/unwilling to dispense a prescription. The RxFill supports a <NotDispensed> status with the <ReasonCode> field providing additional clarification to the prescriber as to the reason the pharmacist is unable/unwilling to dispense the prescription. Separately, the <Note> can be used to further explain the reason. This might occur when the pharmacy is out of stock of the medication prescribed and it cannot be obtained in a clinically appropriate timeframe.

The RxChange message can be used by the pharmacist to request a change to a prescription because of the potential for delay in therapy, all RxChange messages should be treated as urgent messages. See the NCPDP SCRIPT Implementation Guide for more information on the RxChange message.

For an inventory insufficiency problem, the RxChange message should contain the value “OS” for “pharmacy is out of stock of the medication prescribed and it cannot be obtained in a clinically appropriate timeframe” in the <MessageRequestCode>.

If the pharmacist declines to fill the prescription based on a controlled substance history report, they may suggest an alternative drug, using the RxChange message with a <Note> for clarification.

### 3.6.3 Zero Refills Authorized on a Renewal Response

**Question:** Per the Implementation and Recommendations Guides, the value transmitted in the Refills Value field must be "a number greater than zero"; however, it is not uncommon for a pharmacy to receive a “0” in the Value field, as in the example below:

```xml
<NumberOfRefills>0</NumberOfRefills>
```

This is not appropriate and could cause regulatory problems if the product were to be a controlled substance.

How should a pharmacy process a renewal request that has been approved for “0” fills, as in the example above?

**Response:** The guidance clearly says the refill field should contain how many times the drug is to be dispensed and if it comes in with a zero, then it must be rejected following the table below.

<table>
<thead>
<tr>
<th>Error Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>900</td>
<td>Number of refills invalid</td>
</tr>
</tbody>
</table>

### 3.6.4 Expedited Partner Therapy (EPT) Electronic Prescriptions

NCPDP recognizes that certain states allow for prescriptions to be written for “expedited partner therapy”. To support the transmission of these prescriptions electronically, certain elements are required by the standard. In addition, State Law may require other elements be sent. It is
recommended to use “Expedited Partner” as the patient name. When the State requires an EPT designation on the prescription, include “EPT” in the <Note> field.

Required fields:
First Name: Expedited
Last Name: Partner
Gender: use available values
Date of Birth: if known use actual birthdate, else use 1/1/1901
Street: “Pharmacy Should Request Address”
City, ST and Zip: default to the City, ST and Zip of prescriber or pharmacy

3.6.5 In order to be compliant with the Standard, do I have to be able to send and receive the minimum and maximum field length?

Response: When receiving a message, the maximum length of each field must be supported. When sending a message, the maximum length of each field is not required to be sent except when the data element being sent is required to echo the data received. Intermediaries are required to support sending and receiving the maximum length of each field. The length of each field is defined in the NCPDP Data Dictionary and additional guidance may be found in the schema, implementation guide or External Code List (ECL). The best practice is to support sending and receiving the minimum and maximum field lengths.

3.6.6 How should the MA requirement to have “patient may fill for less than the full amount” for opioid prescriptions be handled electronically?

Response: The <Note> field in <MedicationPrescribed> should be used until the industry adopted SCRIPT Standard supports this in a codified manner.

3.6.7 For a medication history response, if a value of “AQ” is returned in the response is another medication history request sent?

Response: To receive the additional data, a requesting system should send a new medication history request with a modified data range in the benefits coordination elements.

For example:
If the RxHistoryResponse indicates more medications are available (Response/Approved/ReasonCode = ‘AQ’) and the requestor desires to make a subsequent request for additional medications within the dates of the original request, the requesting system should send a new RxHistoryRequest with the EndDate in BenefitsCoordination equal to the LastFillDate of the oldest medication record returned in the RxHistoryResponse.

Start and End Date:
Request 1 from Requesting System:
StartDate August 15 2017 StartDate is the beginning date for the desired history (up to 1 year ago from today’s date).
EndDate August 15 2018 EndDate is the end date for the desired history (e.g., today’s date).
EndDate must be after the StartDate
PBM checks for drugs from the end date and goes back in time.

**Response 1:** “AQ”

January 4 2018 – Stopped sending on this date as PBM reached medication limit allowed in the response.

**Request 2:**

**StartDate** August 15 2017 (StartDate equal to the original StartDate)

**EndDate** January 4 2018 (LastFillDate of oldest medication record) – Note: Requestor desires to make a subsequent request for additional medications within the dates of the original request, a new RxHistoryRequest will need to be sent with the EndDate equal to the LastFillDate of the oldest medication record returned in the previous RxHistoryResponse.

**Summarized verbiage:**

| **StartDate** is the beginning date for the desired history (up to 1 year ago from today’s date). |
| If the RxHistoryResponse indicates more medications are available (Response/Approved/ReasonCode = ‘AQ’) and the requestor desires to make a subsequent request for additional medications within the dates of the original request, a new RxHistoryRequest will need to be sent with the StartDate equal to the original StartDate. |

| **EndDate** is the latest date in the time period requested for the desired history (e.g., today’s date). |
| EndDate must be after the StartDate. |
| If the RxHistoryResponse indicates more medications are available (Response/Approved/ReasonCode = ‘AQ’) and the requestor desires to make a subsequent request for additional medications within the dates of the original request, a new RxHistoryRequest will need to be sent with the EndDate equal to the LastFillDate of the oldest medication record returned in the previous RxHistoryResponse. |

Example of “oldest medication record returned”:

- **Drug A:** 06/04/2018
- **Drug B:** 04/04/2018
- **Drug C:** 01/04/2018 (LastFillDate of the oldest medication record returned in the RxHistoryResponse)
3.6.8 How should the mandatory element of Consent be handled in a Medication History Response?
Response: Consent is mandatory on the response. If Consent is sent in a response to a previous version where the element was mandatory, the value must echo back the value received in the RxHistoryRequest.

3.6.9 Must the same character case submitted on a message be returned in the response?
Response: No, the SCRIPT Standard supports both an upper- and lower-case character set so there is no need to mimic the character case from the request. Note: Trading partner agreements may require the use of upper-case characters only.

3.6.10 How should transplant and/or discharge date be submitted in an electronic prescription?
Response: The transplant and discharge date, as it relates to the transplant, should be entered into the <Note> field as transplant:CCYYMMDD or discharge:CCYYMMDD. If the transplant or discharge date is not found in the <Note> field; the supplier should place a call to the prescriber to obtain the information.

3.6.11 How should prescribers indicate therapeutic substitution is permissible in order to comply with requirements (such as Arkansas) in SCRIPT 2017071?
Version: 2017071
Response: The prescriber should indicate therapeutic substitution in <Note> in <MedicationPrescribed> as required by the specific State (“TSA” or “MSA” for Arkansas). A newer version of the SCRIPT standard will make available a new
field, `<TherapeuticSubstitutionIndicator>`, to convey this information thereby replacing the need for verbiage in the `<Note>` field.

### 3.6.12 Why is `AdministrationTimingNumericValue` found in the MeasurementTiming elements in both Sig and Titration?

**Response:** Errors were found and are being corrected in a future version. The `AdministrationTimingNumericValue` in the MeasurementTiming element should actually be named the `MeasurementTimingNumericValue`. The appropriate value for `MeasurementTimingNumericValue` should populate the `AdministrationTimingNumericValue` in the message in version 2017071 until the correction can be made in future version. In addition, the `VariableMeasurementTimingModifier` is required to be populated. In a future version it will be moved into the choice with `MeasurementTimingNumericValue`.

Measurement timing elements in 2017071:

```
<MeasurementTimingNumericValue>1</MeasurementTimingNumericValue>
<VariableMeasurementTimingModifier>TO</VariableMeasurementTimingModifier>
<AdministrationTimingNumericValue>1</AdministrationTimingNumericValue>
```

The error will cause measurement timing to be populated as follows no matter if there are multiple timing values:

```
<MeasurementTimingNumericValue>1</MeasurementTimingNumericValue>
<VariableMeasurementTimingModifier>TO</VariableMeasurementTimingModifier>
<AdministrationTimingNumericValue>1</AdministrationTimingNumericValue>
```

DERF 001631 requests modifications to the measurement timing elements that will result in the following:
This correction will allow the sending of VariableMeasurementTimingModifier and the second occurrence of MeasurementTimingNumericValue when there are multiple measurement times.

Example if only one MeasurementTimingNumericValue:

```xml
<MeasurementTimingNumericValue>1</MeasurementTimingNumericValue>
```

Example if multiple MeasurementTimingNumericValue:

```xml
<MeasurementTimingNumericValue>1</MeasurementTimingNumericValue>
<VariableMeasurementTimingModifier>TO</VariableMeasurementTimingModifier>
<MeasurementTimingNumericValue>5</MeasurementTimingNumericValue>
```

3.6.13 Does the <ProhibitRenewalRequest> flag pertain to the original prescriber or the follow up prescriber?

Response: The <ProhibitRenewalRequest> flag pertains only to the original prescriber.

3.6.14 How should prescriptions for supplies be communicated when a UPC or other product identifier is not known?

Response: Send a qualifier of UP in DrugCoded/ProductCode/Qualifier, and a code of SUPPLY in DrugCoded/ProductCode/Code.

3.6.15 How is LastFillDate used in RxFill transaction?

Response: The <LastFillDate> relates to the last requested date if not filled or the most recent prior dispensing date in other occurrences. It is not a required field. When an RxFill notification is sent for an initial dispensing then the <LastFillDate> should not be sent since there was no prior dispensing. When the RxFill notification is sent for a (NotDispensed fill status), then the <LastFillDate> may be the last requested date or last actual dispensing as it applies to the reason for not dispensing and previous dispensing knowledge. If the original fill was never dispensed, (NotDispensed fill status), the <LastFillDate> would be omitted. The RxFill notification used for RxTransfer may have the <LastFillDate> of the last dispensing from the source pharmacy.

3.6.16 SHOULD THE <NumberOfRefills> RETURNED FOLLOW THE RxRenewalResponse LOGIC OR THE NewRx LOGIC. I.E., IF A RxRenewalResponse OF <REPLACE> IS RETURNED WITH A ’3’ IN THE <MedicationResponse> <NumberOfRefills>, SHOULD THIS BE INTERPRETED BY THE PHARMACY AS A TOTAL QUANTITY OF 4 DISPENSE EVENTS (THE ORIGINAL
DISPENSING + 3 REFILLS FOR A TOTAL OF 4 DISPENSING EVENTS: OR AS 3 DISPENSING EVENTS TOTAL?

Updated: 11/2023

Response: In the example presented, the pharmacy should interpret the <NumberOfRefills> element in a replace response the same as an approved and approved with changes response. The <NumberOfRefills> element indicates the total number of fills authorized for the quantity prescribed for all RxRenewal approved, approved with changes or replace responses. (i.e., 3 refills = 3 dispensings) The pharmacy should interpret a response with 3 refills as a new prescription with 2 refills. Prescriber applications should ensure the value transmitted in <NumberOfRefills> element is “a number greater than zero” and the pharmacy applications should ensure that the value received in <NumberOfRefills> be interpreted as the total number of dispensing events for the quantity prescribed.

(NOTE: if the prescribers’ intent is for one dispensing event for a given prescription the prescriber application should send a “1” in the <NumberOfRefills> element and the pharmacy application should interpret as an original dispense with no refills)

3.6.17 Is there a recommendation for EHRs using F&B or RTPB to check indication-based coverage to pull the indication selected into the e-prescription so the pharmacy gets a diagnosis code to submit on the billing claim?

Response: When a provider system is performing a prospective benefit coverage check based on indication or reason for use, it is recommended that the indication and/or Diagnosis Code be included on the electronic prescription. For additional information on the use of Diagnosis see Section: Inclusion of Diagnosis. Including indication in Structured and Codified Sig does not provide a billable diagnosis code for the pharmacy.

3.6.18 Can I send allergens using only free text?

Response: Codified qualifiers and values for allergens should be used when available since these are used for clinical decision support. In the event a code is not available, free text is used.

3.6.19 Is there a limit on the number of allergies or adverse events that I can send in a message?

Response: No, the AllergyOrAdverseEvent schema doesn’t restrict the number being sent.

3.6.20 How do I send multiple reactions to the same allergen?

Response: The V2017071 schema only allows one reaction to be sent per allergen. When it is necessary to send more than one reaction to an allergen, multiple allergy loops will need to be sent. All of the allergens except for reaction coded should be identical between those loops to allow receivers to collate the information appropriately.

3.6.21 How do I use the date fields in the AllergyOrAdverseEvent element?

Response: The EffectiveDate can be used to notify the recipient of a new or updated AllergyOrAdverseEvent and the ExpirationDate can be used to notify the recipient of a no longer valid AllergyOrAdverseEvent.
3.6.22 Can resolved allergies or adverse events be transmitted?
Response: Yes, if resolved allergies or adverse events are transmitted, they should include the expiration date. The expiration date cannot be a future date and should be within the last 90 days.

3.6.23 If multiple prescriptions are sent for a patient where one message has allergies and the other does not, should it be assumed that the allergies have been resolved?
Response: It should never be assumed that an allergy is resolved unless an expiration date is sent.

3.6.24 What is the expectation when allergies or adverse events are received from different sources that are in conflict?
Answer: The conflicts should be reviewed on a case-by-case basis to determine appropriate action.

3.6.25 Where do I transmit prior authorization number on the RxChangeResponse/Approved?
Response: In Version 2017071 the number is to be submitted in the MedicationPrescribed element of <PriorAuthorization>. In addition, the <PriorAuthorizationStatus> value of “A” for approved should be submitted to indicate the status of the prior authorization request.

3.6.26 How should a note about the approval be sent?
Response: The <Note> in the Approved element should contain any information specific for the change request. The <Note> element in the MedicationPrescribed should be used for the prescription level note. Free text notes should only be sent if the information being conveyed is not available in a distinct element or in the <PatientCodifiedNote> element.

3.6.27 Is there a way to transmit a note or additional free text reason as part of the denying of a RxChangeRequest?
Response: In addition to providing a denial reason code, the free text element of <DenialReason> can be used to provide information for which there is no code or additional information to supplement the <DenialCode> sent. Requests for additional codes should be submitted via the DERF process to DERF@NCPDP.org.

3.6.28 ASCII 7-Bit Character Set
Question: Does the standard support a character set other than the basic ASCII 7-bit?
Response: No. The submitting system when transmitting an NCPDP standard must send using the basic ASCII 7-bit character set. For example, a person known by the last name of Pérez, would have to be transmitted without the accents.

The NCPDP SCRIPT schema currently does not allow use of the ASCII extended character set. While XML notation allows extended characters to be represented with escape sequences, this practice must not be used outside of trading partner agreements. Unless both systems support, and use escaped extended characters this practice would result in system errors or matching problems (e.g., Pérez is not the same as Perez).

Allowed ASCII characters are:
<space>
Disallowed ASCII character codes include 0 - 31 (0 - 1F hex) are considered to be control characters and are not allowed in a transaction. Likewise, characters higher than ASCII 126 (higher than 7E hex) must not be used.

A transition to expanded character sets would require consideration and cooperation from all stakeholders including, but not limited to, pharmacies, payers, EHR vendors, state and federal agencies, intermediaries, other trading partners and other Standards Development Organizations (SDOs).

3.6.29 What level of the SNOMED CT® code set should be used to support the species data element?

Response: The highest level of SNOMED CT® codes should be used to identify the specific species (organism). The table below shows the most common pet species as identified by the American Veterinary Medical Association (AVMA) with the recommended SNOMED CT® code and text. This list is not inclusive and other species can be supported such as exotic species and should follow the same guidance of using the highest level of SNOMED CT® code. Trading partners are encouraged to work together to incorporate codes that are not listed below.

SNOMED Reference: Refer to the SNOMED CT® code list for the most current values.

<table>
<thead>
<tr>
<th>Species</th>
<th>SNOMED</th>
<th>SCTID</th>
<th>Recommended Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birds</td>
<td>Class Aves</td>
<td>387972009</td>
<td>Bird</td>
</tr>
<tr>
<td>Cat</td>
<td>Felis catus</td>
<td>448169003</td>
<td>Cat</td>
</tr>
<tr>
<td>Chicken</td>
<td>Gallus gallus</td>
<td>47290002</td>
<td>Chicken</td>
</tr>
<tr>
<td>crabs</td>
<td>Infraorder Brachyura</td>
<td>420975000</td>
<td>Crab</td>
</tr>
<tr>
<td>Dog</td>
<td>Canis lupus subspecies</td>
<td>448771007</td>
<td>Dog</td>
</tr>
<tr>
<td></td>
<td>familiaris</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ferrets</td>
<td>Mustela putorius</td>
<td>449310008</td>
<td>Ferret</td>
</tr>
<tr>
<td></td>
<td>subspecies furo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fish</td>
<td>Fish</td>
<td>90580008</td>
<td>Fish</td>
</tr>
<tr>
<td>Gerbils</td>
<td>Subfamily Gerbillinae</td>
<td>384659000</td>
<td>Gerbil</td>
</tr>
<tr>
<td>Goats</td>
<td>Capra hircus</td>
<td>125097000</td>
<td>Domestic Goat</td>
</tr>
<tr>
<td>Guinea Pigs</td>
<td>Cavia porcellus</td>
<td>125076001</td>
<td>Guinea Pig</td>
</tr>
<tr>
<td>Hamsters</td>
<td>Subfamily Cricetinae</td>
<td>392390005</td>
<td>Hamster</td>
</tr>
<tr>
<td>Horses</td>
<td>Equus caballus</td>
<td>35354009</td>
<td>Horse</td>
</tr>
<tr>
<td>Lizard</td>
<td>Lizard</td>
<td>2773008</td>
<td>Lizard</td>
</tr>
<tr>
<td>Mice</td>
<td>Mouse</td>
<td>82968002</td>
<td>Mouse</td>
</tr>
<tr>
<td>Monkeys</td>
<td>Order Primates</td>
<td>388073004</td>
<td>Primate</td>
</tr>
<tr>
<td>Pig</td>
<td>Sus scrofa</td>
<td>78678003</td>
<td>Pig</td>
</tr>
</tbody>
</table>
3.6.30 Do we send information related to substitutions for each dispensing event in an RxFill message when required or requested when a substitution has occurred?

Response: Information related to substitution depends on the substitution type. When substituting a biologic/generic/therapeutic product, the element <ReasonCode> in fill status of <Dispensed> or <PartiallyDispensed> dispensed should contain the appropriate value as per the table below:

<table>
<thead>
<tr>
<th>ReasonCode Value</th>
<th>Description</th>
<th>Dispensing Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>GW*</td>
<td>Biologic/Biosimilar Substitution</td>
<td>New prescription is not created, requirement to notify on each fill.</td>
</tr>
<tr>
<td>DF</td>
<td>Generic Substitution</td>
<td>New prescription is not created, no notification is required. Notify on first fill.</td>
</tr>
<tr>
<td>DG</td>
<td>Therapeutic Interchange/Substitution</td>
<td>Notify on first fill because new prescription is created.</td>
</tr>
</tbody>
</table>

* Value “GW” is not available until such time as the members agree to move to new ecl.xsd or a new Standard is named. Until such time, the <Note> element should be used.

In addition, the pharmacy should return both the MedicationPrescribed and MedicationDispensed for each dispensing event, when notification is required or requested.

3.6.31 How should I identify the product to which a patient has had an allergy or adverse event?

Response: When possible, codified information should be sent by using the available qualifiers (for example ND (NDC), RxNorm qualifiers SCD (Semantic Clinical Drug), SBD (Semantic Branded Drug), GPK (Generic Package), BPK (Branded Package) that align with the text being represented in the <Allergies><DrugProductCoded><Text>.
3.6.32 If not all MessageRequestSubCode values can be validated, what should the response contain?
Response: The MessageRequestCode and SubCode values that are sent on the request should be returned on the response. For each MessageRequestSubCode sent, the corresponding ResponseReasonCode should also be sent in the Validated response. If you cannot validate all MessageRequestSubCode values, you should respond with a <Denied> response.

3.6.33 When a prescriber location does not support a particular RxChange workflow associated with a MessageRequestCode, how should the prescribing system respond to those RxChange requests?

Updated 11/2023
Version: 2017071 and greater
Response: When the prescriber location does not support a particular workflow, the prescribing system should respond with an Error message using TransactionErrorCode value of “900” (Transaction Rejected), a <DescriptionCode> value of “4040” (Receiver does not support this transaction type) and include a description such as:
"Prescriber location does not support RxChange workflow for <MessageRequestCode> value. Include the Code and the description of the code.
Example: “Prescriber location does not support RxChange workflow for <MessageRequestCode> “PA”.

3.6.34 The NCPDP SCRIPT Standard requires that all addresses are a valid mailing address. Certain countries however do not use a State/Province code within their mailing address. France for example only uses house number, street, Postal Code, City, and Country without the subdivision names identified in ISO 3166-2, however the StateProvince element is a required element in the NCPDP schema. For countries where State/Province/Subdivision are not collected from patients, what should be sent within the StateProvince element?
Response: The StateProvince element is currently a required element in the NCPDP 2017071 schema. To accommodate situations where patient state/province/subdivision is not collected when it is not part of the mailing address, "Not applicable" should be sent in the StateProvince element.

3.6.35 With which <PatientCodifiedNoteQualifier> is it appropriate to include a <Value>? And what does the value represent?
Response: Please see the table below.

<table>
<thead>
<tr>
<th>Qualifier</th>
<th>Description</th>
<th>Value Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA</td>
<td>Dose(s) administered from Emergency box (kit) or automated dispensing machine.</td>
<td>Enter the number that denotes the 'Dose(s)' which were administered</td>
</tr>
<tr>
<td>AB</td>
<td>Product has been contaminated during administration.</td>
<td>Enter the number that denotes the 'Dose(s)' contaminated</td>
</tr>
<tr>
<td>AC</td>
<td>Patient requires oral solid medications to be crushed before administration.</td>
<td>Not Used</td>
</tr>
</tbody>
</table>
### QUALIFIER DESCRIPTIONS

<table>
<thead>
<tr>
<th>Qualifier</th>
<th>Description</th>
<th>Value Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>AD</td>
<td>Patient requests/requires oral solid medications to be smallest tablet/capsule.</td>
<td>Not Used</td>
</tr>
<tr>
<td>AE</td>
<td>Medications administered via gastric tube. Used only if Route of Administration is not specified as gastric tube.</td>
<td>Not Used</td>
</tr>
<tr>
<td>AF</td>
<td>Patient requests product to be dispensed as written.</td>
<td>Not Used</td>
</tr>
<tr>
<td>AG</td>
<td>Compound requested – allergy to inactive ingredient found in commercially available product. To be used when product is commercially available.</td>
<td>Not Used</td>
</tr>
<tr>
<td>AH</td>
<td>Compound requested – dosage form not commercially available. To be used when product is commercially available.</td>
<td>Not Used</td>
</tr>
<tr>
<td>AJ</td>
<td>Compound requested – strength not commercially available. To be used when product is commercially available.</td>
<td>Not Used</td>
</tr>
<tr>
<td>AK</td>
<td>Incremental Dispensing – prescriber allows pharmacy to dispense in quantities less than the prescribed quantity. To be used when the prescriber allows the pharmacy to dispense in quantities less than total prescribed quantity.</td>
<td>Enter the numeric quantity to dispense for each incremental fill OR leave blank if dispense quantity is to be determined between pharmacy and patient</td>
</tr>
<tr>
<td>AL</td>
<td>Patient needs labs, appointment, or office visit. To be used when patient needs to schedule an office or laboratory appointment.</td>
<td>Not Used</td>
</tr>
<tr>
<td>AM</td>
<td>Patient bringing drug coupon, discount, or other benefit card.</td>
<td>Not Used</td>
</tr>
<tr>
<td>AN</td>
<td>This prescription is a mail-order, vacation, lost, stolen, or replacement supply. To be used when prescription is in response to a mail-order bridge supply; vacation supply, lost, or stolen supply; or miscellaneous replacement supply.</td>
<td>Not Used</td>
</tr>
</tbody>
</table>

### 3.6.36 In any response message, what is the purpose of the field DenialReason?

**Response:** The DenialReason is an optional free text field and should be used to communicate any free text notes specified by the originating system. Although it might clarify the DenialCode, this field should not repeat the description of the DenialCode, since this information is redundant. If no ReasonCode is provided, DenialReason may still be sent if one was provided by the originating system.

### 3.6.37 For countries where zip or postal code are not part of the mailing address, what should be sent within the PostalCode element?

**Response:** The PostalCode element is currently a required element in the NCPDP 2017071 schema. To accommodate situations where patient zip or postal code is not part of the mailing address, "Not applicable" should be sent in the PostalCode element. The PostalCode element will be made optional in a future version of the NCPDP SCRIPT standard.
3.6.38 Are the ProfessionalServiceCode values of RO and MO valid for use in the SCRIPT Standard V2017071?

Response: No, these ECL values of MO and RO should be translated as if they were M0 and R0, which are the correct values. The values have been corrected in a future version.

3.6.39 When should a sender include information in the conditional element of InjuryRelated?

Response: This information should be included when known that the prescription is related to an auto, workers compensation, or property/casualty injury. Population of the element alerts the pharmacy to evaluate the billing method.

3.6.40 Is there a way for a prescriber to send a cancellation message that would CANCEL the entire course of therapy instead of an individual prescription?

Response: No, since the SCRIPT Standard is transaction/prescription based, each prescription related to the cancelled course of therapy must be cancelled individually. If appropriate, the reason for cancelation should be included in <MedicationPrescribed><Notes> until the ReasonForCancelation element is available.

3.6.41 There is currently misalignment between various transactions for what field attributes can be used for prior authorization numbers. Specifically:

- The AuthorizationNumber field of electronic prior authorization transactions (ex: PAInitiationResponse) within the SCRIPT Standard supports alphanumeric values up to 140 characters in length.
- The PriorAuthorization field of prescription routing transactions (ex: NewRx) within the SCRIPT Standard supports alphanumeric values up to 35 characters in length.
- The Prior Authorization Number Assigned (498-PY) and Prior Authorization Number Submitted (462-EV) fields of the Telecommunication Standard Version D0 supports numeric values up to 11 characters in length.
- And the Prior Authorization Number Assigned (498-PY) and Prior Authorization Number Submitted (462-EV) fields of the Telecommunication Standard Version E9 and above supports alphanumeric values up to 35 characters in length.

Given this, what field attributes should payers use for their prior authorization numbers?

Response: If payers expect the prior authorization number to be submitted within the Prior Authorization Number Submitted (462-EV) field of the claim billing request, payers should only assign prior authorization numbers that are numeric up to 11 characters in length until the industry has adopted the NCPDP Telecommunication Standard Version F6 or beyond for adjudicating claims. This will ensure the prior authorization number can be passed from the SCRIPT electronic prior authorization transactions, through the SCRIPT prescription routing transactions, and finally Telecommunication claim adjudication transactions. As of NCPDP Telecommunication Standard Version F6, the Prior Authorization ID Submitted (462-EV) field can support up to 35 alpha/numeric characters.
3.6.42 Why does the schema not require a medication element in the RxFill message?
Response: The schema cannot force one medication element over the other due to the need to support the FillStatus type. When sending a FillStatus of Dispensed or Partially Dispensed, the MedicationDispensed element is required but it is recommended to send the MedicationPrescribed when available. When sending a FillStatus type of either Not Dispensed or Transferred then the sender must send either/or both the MedicationDispensed or MedicationPrescribed element.

3.6.43 How can specific patient or medication information be shared with a third-party provider for non-dispensing activities?
Response: Sending or receiving systems may send a copy of a message to a third party service provider through trading partner agreements when specific conditions are met. Exact conditions are determined by the trading partner agreements. The mode of transmission may be directly between the software vendor and third party service provider or between an intermediary and third party service provider. Third party services may include, but are not limited to, reconciliation of patient records, medication updates, medication administration, medication dispensing and packaging, and medication monitoring/tracking.

3.6.44 Outside of structured sig, how can a pharmacy designate if a prescription is an ‘As Needed Administration’ versus ‘Routine/Maintenance Administration’ to a facility in a Pharmacy Managed Order workflow? Once the pharmacy processes a prescriber originated prescription and completes the dispensing activity, an RxFill is sent to the facility.
Response: The pharmacist designates the prescription ‘As Needed Administration’ per the prescriber’s directive. It is recommended to insert the prescription type, |PRN| or |Routine|, in the RxFill-FillStatus-{dispensing status}-<Note> element for system and end user consumption. This indicator can then be consumed by the receiving system and assist the facility staff in ensuring the medication pass schedule includes routine medications as appropriate.

3.6.45 How should a prescriber indicate on an electronic prescription that the insulin prescribed is for use in an insulin pump?
Response: Ideally, the prescriber would communicate that an insulin pump is used by placing a Y in the <HasAutomatedInsulinDevice> element in the optional DiabeticSupply segment. Only in the event information for the required elements in the DiabeticSupply segment cannot be populated in the prescribing software, “INSPUMP” should be placed in the <MedicationPrescribed> <Note> element to communicate this information.

3.6.46 Currently <RefillsRemaining> is defined as a whole number. However, the quantity dispensed may be less than or greater than the prescribed quantity per fill. In these instances, the refills remaining for a prescription may not be a whole number. How should <RefillsRemaining> be populated in these instances?
Response: In instances where <RefillsRemaining> is required (e.g., for controlled substance prescriptions) and the refills remaining value for a prescription is not a whole number, it is recommended the value be rounded down. The sender must populate the original quantity in <MedicationPrescribed> and the dispensed quantity and the quantity remaining in <MedicationDispensed>. 
For example: A prescription has a <MedicationPrescribed> quantity = 90 and <NumberOfRefills> = 1 but the patient’s insurance restricts the <MedicationDispensed> quantity to 30. After one fill of 30 units, the actual refills remaining would be is 1.67 which would then be rounded down and <RefillsRemaining> would be populated with a 1.

Since <RefillsRemaining> may have been rounded, the receiving system must calculate the quantity remaining as follows:

Total Quantity Prescribed = Original Prescribed Quantity + (Number of Refills * Original Prescribed Quantity)
Quantity Remaining = Total Quantity Prescribed - sum of all Dispensed Quantities

For a prescription that has a <MedicationPrescribed> quantity = 90 and <NumberOfRefills> = 1, the Total Quantity Prescribed = 180 (i.e., 90 + (1 * 90)). And after one fill of 30 units, while the <RefillsRemaining> = 1, the <Quantity> value Remaining Quantity = 150. Systems receiving medication history and/or transfer response transactions must consider the Quantity remaining in subsequent processing of the prescription.

3.6.47 What are the expectations on the time frame from receiving the RxTransferResponse until the RxTransferConfirm is received?
Response: A transfer is considered pending until such time as the prescription transfer confirm transaction (RxTransferConfirm) is received by the source pharmacy. If the RxTransferConfirm is not received by the source pharmacy within a reasonable timeframe and within the bounds of existing regulations an existing manual process should be used to complete the transaction.

3.6.48 How can pharmacy systems that manage prescriptions for care settings provide a new RxReferenceNumber when renewing prescriptions as well as a previous RxReferenceNumber for the care setting system to reconcile to the patient’s medication profile?
Response: The pharmacy would send the new RxReferenceNumber in the header upon a renewal and the previous RxReferenceNumber in the <ReferenceNumber> field found in the <FillStatus> element. It is recommended a <Note> be included in the appropriate <FillStatus> to indicate “Order Renewed”.

3.6.49 How can a prescriber transmit the expiration date on an electronic prescription?
Response: When sending an electronic prescription to the pharmacy, the prescriber can enter the expiration date in the <OtherMedicationDate> with the qualifier of ExpirationDate. For example, some oral antivirals are only authorized for use if therapy is initiated within a specified number of days after symptom onset.
3.6.50 What data should be included in an electronic prescription that requires a modified dose of a prepackaged product (e.g., Paxlovid for renally impaired patients)?

Response: The adjusted quantity should be reflected in `<MedicationPrescribed><Quantity>` and the indication should be included in `<MedicationPrescribed><Note>` or the structured Sig element `<IndicationForUse><Indication><Text> <Qualifier> and <Code>.

3.6.51 How should the prescriber convey to the pharmacy that a prescription should not be filled immediately?

Response: Depending on the scenario, the prescriber could use one of two ways to communicate to the pharmacy:

Scenario 1: When the prescriber knows the earliest fill date enter an appropriate “EffectiveDate” in the `<OtherMedicationDate>

Scenario 2: When the prescriber does not know the next fill date send the indicator for “H (Put on Hold)” in `<DoNotFill>.

3.6.52 How can MedicationPrescribed/OtherMedicationDate be populated on electronic prior authorization messages?

Response: The definition of OtherMedicationDate is consistent between electronic prior authorization messages and other messages such as NewRx. On electronic prior authorization messages, it should be expected that MedicationPrescribed/OtherMedicationDate can match what was on the original prescription.

3.6.53 Can MedicationPrescribed/OtherMedicationDate have past dates on electronic prior authorization messages?

Response: Yes, for instance, if a prescription was written on 8/15/2022 with an EffectiveDate of 8/15/2022, and prior authorization was performed retrospectively using a PAInitiationRequest message on 8/17/2022, it is acceptable to send the EffectiveDate qualifier where the OtherMedicationDate is 8/15/2022.

3.6.54 How does the SCRIPT standard support the administration of products by various providers outside of patient self-administration?

Response: There are 4 specific elements that can support situations when patients are not self-administering prescribed products.

- The `<PlaceOfServiceNonSelfAdministeredProduct>` element uses codified values to identify the place of administration. The CMS Place of Service code set is used as the ECL values [https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html](https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html)
- The `<ProviderExplicitAuthorizationToAdminister>` element indicates prescriber’s explicit authorization for a pharmacist to administer a product, vaccine, or device to a patient.
- The `<DeliveryLocation>` element identifies a designated delivery location for a prescribed product.
- The `<DeliveryRequest>` element is an indicator for a request for delivery of the prescription.
3.6.55 How to comply with the DEA requirement "(c) Where a prescription is for gamma-hydroxybutyric acid, the practitioner shall note on the face of the prescription the medical need of the patient for the prescription."

1. Use the indication element in the structured Sig, or
2. The diagnosis element can be used to convey the associated diagnosis for the medication.
3. If neither option 1 or 2 are available due to system constraints the medical need should be communicated via free text. Notes may not appear on the face of an electronic prescription based on the design implementation; therefore option 1 or 2 is preferred. If using structured Sig, the element <ClarifyingFreeText> should be used. If not using structured Sig then the <Note> element in <MedicationPrescribed> should be used.

3.6.56 How can a prescriber indicate on an electronic prescription that a patient is receiving the prescription as a participant in a qualifying clinical trial?

**Response:** The <MedicationPrescribed><Note> field can contain the following: QualifyingClinicalTrial.

3.6.57 How should a prescriber’s credentials be sent in a SCRIPT/NewRx message as required by law in some states?

**Response:** Through trading partner agreements prescriber credentials could be sent in the UPIN element in <Identification>. The UPIN is no longer valid and was replaced by the NPI number. It is of sufficient length to accommodate a robust list of credentials separated by commas.

3.6.58 How should World Trade Center (WTC) Health Program be noted on an electronic prescription?

**Response:** The BenefitsCoordination elements should be used to denote the following:
SCRIPT Implementation Recommendations

For Responders:
- `<PayerName>` must contain WTC Health Program or World Trade Center Health Program.
- `<CardholderID>` must contain the 9-digit ID which begins with 911 followed by 6-digit numeric.
- Cardholder Name elements may be populated.
- `<PayerResponsibilityCode>` should contain the value of “P” (Primary).
- `PayerIdentification <IINNumber>` should be populated with the BIN/IIN number from the ID Card.
- `PayerIdentification <ProcessorIdentificationNumber>` should be populated with the PCN on the ID Card.

For Survivors:
- `<PayerName>` must contain WTC Health Program or World Trade Center Health Program.
- `<CardholderID>` must contain the 9-character ID which begins with 911 followed by the letter “S” and followed by 5-digit numeric.
- Cardholder Name elements may be populated.
- `<PayerResponsibilityCode>` should contain the value of “S” (Secondary).
- `PayerIdentification <IINNumber>` should be populated with the BIN/IIN number from the ID Card.
- `PayerIdentification <ProcessorIdentificationNumber>` should be populated with the PCN on the ID Card.

### 3.6.59 What should be entered in required name elements (First and Last) for individuals with a mononymous (singular) name?

*Added: 08/2023
Version 2017071 and greater*

**Response:** For any individuals with a mononymous name, place the mononymous name in the `<LastName>` element and place NFN (no first name) with no special characters in the `<FirstName>` element as demonstrated by the [State Department](#).

### 3.6.60 Insulin Delivery Method

*Added: 08/2023
Version: 2017071*

**Question:** In order for dispensing providers to comply with federal rules regarding insulin claim billing requirements, how should prescribers communicate within a SCRIPT v2017071 message that the delivery method for prescribed insulin product is either a durable or disposable insulin pump?

**Response:** When the patient is using an insulin pump as the delivery method, for SCRIPT v2017071 the prescriber should indicate within the MedicationPrescribed Note element either “DURABLE PUMP” or “DISPOSABLE PUMP” as the drug delivery system. As insulin pumps
typically leverage short-acting insulin products, delivery method triggers may need to be associated to these insulin products.

3.6.61 Insulin Delivery Method Future SCRIPT

Added: 08/2023
Version: 2022011 and greater

Response: When the patient is using an insulin pump as the delivery method, as of SCRIPT v2022011 the prescriber should send the DiabeticSupply composite inclusive of the below elements. As insulin pumps typically leverage short-acting insulin products, delivery method triggers may need to be associated to these insulin products.

- HasAutomatedInsulinDevice = True
- InsulinPumpAdministered
  - This flag identifies the patient’s insulin will be administered via a durable/non disposable insulin pump.
  - True = Insulin will be delivered via a durable/non disposable insulin pump
  - False = Insulin will not be delivered via a durable/non disposable insulin pump (False may indicate a disposable pump)

Insulin Delivery Method Examples (represents final delivery method for insulin to enter body)

<table>
<thead>
<tr>
<th>Insulin Delivery Method</th>
<th>HasAutomatedInsulinDevice</th>
<th>InsulinPumpAdministered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Durable Insulin Pump</td>
<td>True</td>
<td>True</td>
</tr>
<tr>
<td>Disposable Insulin Pump</td>
<td>True</td>
<td>False</td>
</tr>
<tr>
<td>Syringe</td>
<td>False</td>
<td>-</td>
</tr>
<tr>
<td>Pen</td>
<td>False</td>
<td>-</td>
</tr>
</tbody>
</table>

3.6.62 When is the prescriber required to send a NADEAN and how should it be sent.

Added: 08/2023
Version: 2017071 and greater

Response: As of January 2023, due to the DEA elimination of the DATA 2000 Waiver program, there is no longer a requirement to send the NADEAN. If the <Data2000WaiverID> is sent, the value can only be sent in the <Prescriber> composite. For state or local agencies that require an identification related to controlled substances beyond the <DEANumber>, the <StateControlSubstanceNumber> should be used.

3.6.63 For veterinarian prescriptions, the SCRIPT Implementation Guide says valid values for the Veterinarian/Specialty element are 174M00000X for
Veterinarian or 174MM1900X for Medical Research Veterinarian; however, the schema for CancelRx for v2017071 contains a restriction that does not allow either of those values. What Specialty value should be sent for veterinarian prescribers in CancelRx?

**Added:** 08/2023  
**Version:** 2017071  
**Response:** To create a schema valid message, it is recommended to use a Specialty value of OS for Other.

### 3.6.64 What is the difference between a fillable or non-fillable transaction?

**Added:** 11/2023  
**Version:** 2017071 and greater  
**Response:** A fillable transaction is a prescription order approved by the prescriber that may be dispensed to the patient, such as NewRx or a response of Approved or Replace for a renewal. Whereas a non-fillable transaction does not authorize dispensing and is either a decision made by the prescriber such as CancelRx or a denied response on RxRenewal or to convey non-clinical information to the receiver such as an Error transaction.

### 3.7 General Recommendations for Incremental Fills

#### 3.7.1 Using the NCPDP SCRIPT Messages, how can a prescriber communicate to the pharmacy a request that a prescription for a Schedule II drug should be dispensed in incremental quantities to the patient (i.e., dispense less than the total prescribed quantity)?

**Response:** When the prescriber denotes that a specific incremental quantity should be dispensed to the patient by the pharmacy, the prescriber should include the `<MedicationPrescribed><PatientCodifiedNote><Qualifier>` of ‘AK’ (Incremental Dispensing – prescriber allows pharmacy to dispense in quantities less than the prescribed quantity.) and a `<Value>` equal to the quantity to be dispensed with each incremental fill.

**Example 1:**
- Prescribed quantity for CII medication = 30 tabs
- Incremental dispense quantity desired = 10 tabs, resulting in 3 incremental fills of 10, 10 and 10

  `<PatientCodifiedNote>`  
  `<Qualifier>AK<Qualifier>`  
  `<Value>10<Value>`  
  `<PatientCodifiedNote>`

**Example 2:**
- Prescribed quantity for CII medication = 30 tabs
- Incremental dispense quantity desired = 7 tabs, resulting in 5 incremental fills of 7, 7, 7, 7 and 2

  `<PatientCodifiedNote>`  
  `<Qualifier>AK<Qualifier>`  
  `<Value>7<Value>`  
  `<PatientCodifiedNote>`
When the prescriber wants to communicate that a given medication be dispensed in incremental quantities based on discussion between the patient and pharmacy, the prescriber should include only the `<PatientCodifiedNote><Qualifier>` of ‘AK’ and not include the `<Value>` tag.

Example:

Prescribed quantity for CII medication = 30 tabs
Incremental dispense quantity desired = to be determined by patient/pharmacy discussion

```xml
<PatientCodifiedNote>
  <Qualifier>AK<Qualifier>
</PatientCodifiedNote>
```

3.7.2 Massachusetts General Law c. 94C, § 22(c) states that “Any prescription issued by a practitioner for an opioid substance contained in Schedule II of section 3 shall include a notation on the prescription that the patient may fill, upon request, the prescription in compliance with subsection (d 3/4) of section 18 in an amount not to exceed the full prescribed quantity.” Can the `<PatientCodifiedNote><Qualifier>` of ‘AK’ also be used to comply with the Massachusetts requirement?

Response: Yes, per communication with the MA Department of Health, Drug Control Program the AK can be used to comply with this requirement.

3.8 COMMUNICATION OF SOCIAL DETERMINANTS OF HEALTH (SDoH) IN SCRIPT MESSAGES

Consider the following Use Case.

Ray Sunshine is at the pharmacy to pick up a prescription to treat an infection. The antibiotic prescribed has directions to take one capsule 3 times a day. While verifying the prescription the pharmacist sees a free text note from the prescriber that the patient does not read. With this information the pharmacist takes extra time to review the directions with Ray and concludes he understands the directions because Ray asks if he should take a capsule with breakfast, at lunch and after supper.

Does SCRIPT support sending ICD10 codes, such as Z55.0 Illiteracy, Z59.1 Inadequate Housing or other Social Determinants of Health (SDoH) in a manner other than free text messaging to the pharmacy to alert them that there may be something about the patient’s circumstances that call for extra education or services, such as compliance packaging, for optimal medication use?

Response: In the SCRIPT V2017071 standard, SDoH information should be communicated in the DUE elements utilizing the ServiceReasonCode, and CoAgent elements. The SDoH information may be communicated as either an ICD-10 code or a SNOMED CT code and may be utilized in any message that contains the DUE elements, not just a NewRx message.

The elements should be populated as follows and may repeat up to 5 times:

- `<ServiceReasonCode>`: RE - Suspected Environmental Risk
- CoAgent elements – All three elements are required.
3.9 COVERING PRESCRIBER AND PRESCRIBER AGENT

3.9.1 What is the definition of PrescriberAgent?

Added: 11/2023
Version: 2017071 and greater
Response: PrescriberAgent identifies the person assisting in the preparation and/or transmission of a prescription on behalf of the Prescriber identified in the transaction.

3.9.2 Is the covering prescriber who works independently under their own prescribing authority and license, or is authorized to prescribe under direct supervision, considered the prescriber on NCPDP transactions?

Added: 11/2023
Version: 2017071 and greater

Response: A covering prescriber is the prescriber on NCPDP transactions as defined in the Prescriber/Provider definition within the NCPDP Entities document.
4. RXNORM GUIDANCE FOR SCRIPT

Pertinent data elements <XML>:
- Drug name - <DrugDescription>
- NDC, UPC, HRI, etc. – (<ProductCode> and <ProductQualifier>).
- RxNorm - (<DrugDBCode> <DrugDBCodeQualifier>).

For compounds
- Drug name of ingredient - <CompoundIngredientItemDescription>
  Ingredient ID and Qualifier - <ItemNumber> <CompoundProductIDQualifier>
### SCRIPT Implementation Recommendations

<table>
<thead>
<tr>
<th>Message</th>
<th>Element (XML)</th>
<th>Guidance for Sender</th>
<th>Guidance for Recipient</th>
</tr>
</thead>
<tbody>
<tr>
<td>NewRx</td>
<td>MedicationPrescribed</td>
<td><strong>RxNorm should be sent if known in DrugDBCode</strong>&lt;br&gt;&lt;DrugDBCodeQualifer&gt;.&lt;br&gt;NDC is sent for reference only in &lt;ProductCode&gt; and &lt;ProductQualifier&gt;.&lt;br&gt;Name must be sent in &lt;DrugDescription&gt;.</td>
<td>Pharmacy should include use of the RxNorm value in the process to identify the prescribed drug and use drug description received for validation.&lt;br&gt;If No RxNorm use Name &lt;DrugDescription&gt;.&lt;br&gt;NDC is a representative NDC to identify the intended prescribed product, but not the manufacturer.</td>
</tr>
<tr>
<td>RxRenewalRequest</td>
<td>MedicationPrescribed</td>
<td><strong>RxNorm should echo back what came in on the NewRx.</strong>&lt;br&gt;NDC should echo back what came in the NewRx.&lt;br&gt;Name should echo back pharmacist’s interpretation of what came in the NewRx &lt;DrugDescription&gt;.</td>
<td>Prescriber should use RxNorm and/or NDC to find original Rx prescribed.&lt;br&gt;This will allow the prescriber (or EMR) to evaluate whether the initial order was interpreted correctly and take appropriate actions if it was not.</td>
</tr>
<tr>
<td></td>
<td>MedicationDispensed</td>
<td><strong>Representative NDC dispensed shall be.</strong>&lt;br&gt;RxNorm should be sent if known.</td>
<td>Prescriber should use RxNorm if present else NDC to Approve/Denied/Replace.&lt;br&gt;Trading partners need to touch base with vendors to see if they just display what is sent or do they map to something – or might just pull up original prescription.</td>
</tr>
<tr>
<td>RxRenewalResponse</td>
<td>MedicationResponse</td>
<td>The prescriber sends all pertinent data elements dependent on response type, excluding non-representative NDC’s or obsolete RxCui TT’s and code values.</td>
<td>Receiver validates any changes to the pertinent data against the request based on response type.</td>
</tr>
<tr>
<td>RxFill</td>
<td>MedicationPrescribed</td>
<td><strong>RxNorm should echo back what came in on the NewRx – but it may not exist in &lt;DrugDBCode&gt; &lt;DrugDBCodeQualifer&gt;.</strong>&lt;br&gt;NDC should echo back pharmacist’s interpretation of what came in the NewRx if known but NDC or RxNorm may not exist in &lt;ProductCode&gt; and &lt;ProductQualifier&gt;.</td>
<td>RxNorm used for reference.&lt;br&gt;NDC used for reference.&lt;br&gt;This will allow the prescriber to evaluate whether the initial order was interpreted correctly and take appropriate actions if it was not.</td>
</tr>
<tr>
<td></td>
<td>MedicationDispensed</td>
<td>NDC dispensed shall be sent in &lt;ProductCode&gt; and &lt;ProductQualifier&gt;.&lt;br&gt;RxNorm should be sent, if known, in &lt;DrugDBCode&gt; &lt;DrugDBCodeQualifer&gt;.</td>
<td>Prescriber should use RxNorm for records.&lt;br&gt;NDC is primarily for reference unless RxNorm is absent.</td>
</tr>
<tr>
<td>CancelRx</td>
<td>MedicationPrescribed start here</td>
<td>Always send RxNorm code, if available in &lt;DrugDBCode&gt; &lt;DrugDBCodeQualifer&gt;.</td>
<td>Should use prescriber order number and/or MessageID, if possible.&lt;br&gt;Use RxNorm, if message-linking IDs are not available.</td>
</tr>
<tr>
<td>RxChangeRequest</td>
<td>MedicationPrescribed - except “P”</td>
<td>RxNorm should be sent, if known, in &lt;DrugDBCode&gt; &lt;DrugDBCodeQualifer&gt;.</td>
<td>If available, prescriber may use RxNorm for reference.</td>
</tr>
<tr>
<td>Message</td>
<td>Element (XML)</td>
<td>Guidance for Sender</td>
<td>Guidance for Recipient</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The transaction shall echo back the pharmacist’s interpretation of the medication as sent in the original transaction.</td>
<td>This will allow the prescriber to evaluate whether the initial order was interpreted correctly and take appropriate actions if it was not.</td>
</tr>
<tr>
<td>Medication Requested</td>
<td>RxNorm should be sent, if available, in &lt;DrugDBCode&gt;&lt;DrugDBCodeQualifier&gt; else an alternate product identifier (NDC, UPC, HRI) should be sent in &lt;ProductCode&gt; and &lt;ProductQualifier&gt;.</td>
<td>Prescriber should use RxNorm to consider alternatives if available, else an appropriate alternate identifier (NDC, UPC, HRI).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>RxChangeRequest for &quot;P&quot;</td>
<td>RxNorm should be sent, if known, in &lt;DrugDBCode&gt;&lt;DrugDBCodeQualifier&gt;. The transaction shall echo back the pharmacist’s interpretation of the medication as sent in the original transaction.</td>
<td>Prescriber should use RxNorm for reference. This will allow the prescriber to evaluate whether the initial order was interpreted correctly and take appropriate actions if it was not.</td>
</tr>
<tr>
<td></td>
<td>RxHistoryResponse</td>
<td>RxNorm should be sent if known in &lt;DrugDBCode&gt;&lt;DrugDBCodeQualifier&gt;. The transaction shall echo back the pharmacist’s interpretation of the medication as sent in the original transaction.</td>
<td>Prescriber may use this for reference. This is needed to identify the medication that the patient was taking and that will be of importance in determining treatment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RxNorm should be sent if known in &lt;DrugDBCode&gt;&lt;DrugDBCodeQualifier&gt;. NDC dispensed must be sent in &lt;ProductCode&gt; and &lt;ProductQualifier&gt;.</td>
<td>Prescriber should use RxNorm and/or the NDC dispensed.</td>
</tr>
<tr>
<td></td>
<td>Resupply</td>
<td>RxNorm should be sent if available in &lt;DrugDBCode&gt;&lt;DrugDBCodeQualifier&gt; else an alternate product identifier (NDC, UPC, HRI) should be sent in &lt;ProductCode&gt; and &lt;ProductQualifier&gt;.</td>
<td>Pharmacy should use RxNorm and/or NDC for reference.</td>
</tr>
<tr>
<td></td>
<td>MedicationDispensed</td>
<td>RxNorm should be sent if known in &lt;DrugDBCode&gt;&lt;DrugDBCodeQualifier&gt;. Pharmacy should use RxNorm and/or NDC dispensed.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Message | Element (XML) | Guidance for Sender | Guidance for Recipient
--- | --- | --- | ---
DrugAdministration | MedicationPrescribed | NDC dispensed must be sent in <ProductCode> and <ProductQualifier>. | RxNorm should be sent if available in <DrugDBCode> <DrugDBCodeQualifier> else an alternate product identifier (NDC, UPC, HRI) should be sent in <ProductCode> and <ProductQualifier>. Should use prescriber order number or MessageID, if possible. Use RxNorm message identifiers are not available. |
CancelRxResponse | n/a | n/a | n/a |
RxHistoryRequest | n/a | n/a | n/a |
Status | n/a | n/a | n/a |
Verify | n/a | n/a | n/a |
Error | n/a | n/a | n/a |
GetMessage | n/a | n/a | n/a |
PasswordChange | n/a | n/a | n/a |

| XML Element | Guidance for Sender | Guidance for Recipient |
--- | --- | ---
<CoAgentID> and <CoAgentQualifier> | RxNorm should be sent if available else an alternate product identifier (NDC, UPC, HRI) should be sent in <DrugDBCode> <DrugDBCodeQualifier>. | Pharmacy should use RxNorm and/or an appropriate alternative identifier (NDC, UPC, HRI) to find to DUE Co-Agent |
<ItemNumber> <CompoundProductIDQualifier> <CompoundIngredientItemDescription> | For each ingredient, RxNorm an alternate product identifier (NDC, UPC, HRI) should be sent should be sent in <ItemNumber> and <CompoundProductIDQualifier>. Name shall be sent in <CompoundIngredientItemDescription>. | For each ingredient pharmacy should use the qualifier to determine how to find the ingredient for the compound and use compound ingredient description received for validation. |
5. CONTROLLED SUBSTANCE PRESCRIPTIONS

5.1 FREQUENTLY ASKED QUESTIONS

5.1.1 What happens when the local/state-controlled substance schedule is more stringent than the federal schedule?
The more stringent rules are to be followed. The prescriber should always have the capability to digitally sign a prescription when the requested drug is scheduled in the receiving pharmacy’s state.

5.1.2 If the data is not complete on an electronic scheduled prescription, how is this handled?
These are examples, but there may be other options.

- If the transmission is not complete/correct (message is syntactically incorrect)
  - The best practice would be to send an Error transaction (denoting the rejection).
  - The pharmacist would not know to manually follow up.

- If the prescriber system is digitally signed enabled, and the prescription for controlled substance is not sent with a digital signature.
  - The best practice would be to send an Error transaction (denoting the rejection). If the prescriber system is digitally signed enabled, and the prescription for controlled substance is sent with a digital signature, but the pharmacy is not enabled, the transaction would be rejected.
  - The best practice would be to send an Error transaction from the communication level. It may be a syntax or timeout error.
  - The pharmacist would not know to manually follow up.

5.1.3 When it gets to the processor; if the drug knowledge base provider only provides the federal schedule, is the pharmacy-provided state Schedule overwritten?
The pharmacy does not supply a schedule on the claim. This is out of scope.

5.1.4 I am required to send either a diagnosis code or a Code on Dental Procedures and Nomenclature (CDT Code) on controlled substances prescriptions. How do I send this in the SCRIPT transactions?
The diagnosis code can be sent using the <Diagnosis> element. SCRIPT does not support procedure codes, either CPT or CDT, so this information would need to be conveyed in the <Note> field. NCPDP will look to add the ability to convey procedure codes in a future version of the SCRIPT Standard.

5.1.5 How should the specific verbiage, required by state regulations be transmitted on all Schedule II (C-II) opioid prescriptions, including electronic prescriptions?
Any required state specific wording related to the prescribing of controlled substances that is not otherwise supported by the SCRIPT Standard should be placed in the <MedicationPrescribed><Note> element.
5.1.6 Using NCPDP SCRIPT RxFill messages, how can a pharmacy communicate to the prescriber why the pharmacy dispensed an incremental quantity of the Quantity Prescribed amount of a Schedule II drug?

When the patient requests and the pharmacy dispenses an incremental quantity of a controlled medication prescription, the pharmacy should include the `<FillStatus><Dispensed>/<PartiallyDispensed><ReasonCode>` to notify the prescriber that an incremental quantity was dispensed for the given prescription.

- ReasonCode Value BJ (Out of stock)
- ReasonCode Value FW (Patient requested reduced quantity)
- ReasonCode Value FV (The medication prescribed is available for cycle fill)

Example:
Prescribed quantity for Schedule II medication = 30 tabs
Patient requested incremental dispense quantity = 10 tabs per fill for 3 fills
`<FillStatus><Dispensed>/<PartiallyDispensed><ReasonCode>FW<ReasonCode><FillStatus><Dispensed>/<PartiallyDispensed>`

5.1.7 How should renewal requests for controlled substances be handled?

Updated: 11/2023

When a prescribing system receives a renewal request for an electronic prescription for a controlled substance, the renewal request may not be used to prepopulate a renewal approval or a new prescription. Rather, the data in a renewal request may only be used by the prescribing system to indicate to a prescriber for which prescription the pharmacy is requesting a renewal.

If the prescriber determines that a continuation of drug therapy is warranted, the preferred method is for the prescriber to create a new order by responding with a replace type RxRenewalResponse.

5.1.8 How should the supervisor’s State Controlled Substance Registration Number be transmitted for a supervising prescriber using the SCRIPT Standard?

The supervisor’s State Controlled Substance Registration Number is sent in SCRIPT V2017071 using StateLicenseNumber. If both IDs are required, the StateLicenseNumber element must contain the StateLicenseNumber with the appropriate State abbreviation followed by a space then the letters “SCSN” followed by the StateControlSubstanceNumber. If only the StateControlSubstanceNumber is populated the StateLicenseNumber element would contain the letters “SCSN” followed by the StateControlSubstanceNumber, a space, then the appropriate State abbreviation. Enter the characters exactly as supplied by the issuing entity for the license number. The State Controlled Substance Registration Number must not be sent in any other field. No extra characters (such as “,” “;”, “|” etc.) or spaces should be added to the string.

For Example:
State License Number is issued by California (CA) and is 123456789
State Controlled Substance Registration Number is 12345678
<StateLicenseNumber>123456789 CA SCSN12345678 CA</StateLicenseNumber>
<StateLicenseNumber>SCSN12345678 CA</StateLicenseNumber>

5.1.9 If the RxChangeResponse contains a controlled substance, is the digital signature required?

A digital signature is always required except where the MessageRequestCode value deems the response not fillable. For example, the RxChangeResponse to a request for prior authorization (MessageRequestCode = “P”) does not need to contain a <DigitalSignature> or the <DigitalSignatureIndicator>. If denied, a <DigitalSignature> or the <DigitalSignatureIndicator> is also not required. See Digital Signature Information Section in SCRIPT Implementation Guide.

5.1.10 Can the DigitalSignature element be used on non-controlled substance medications?

Response: DigitalSignature element must be included on all fillable controlled substance medication transactions. The standard does not preclude usage of the digital signature element for non-controlled substance medications.

In other words, DigitalSignature must be used on controlled and may be used on non-controlled transactions.
6. BRAND MEDICALLY NECESSARY FOR MEDICAID PRESCRIPTIONS

Brand Medically Necessary and paper prescribing

Current regulations:

42CFR Section 447.512(c) Certification of Brand Medically Necessary Drugs

(1) The upper limit for payment for multiple source drugs ... does not apply if a physician certifies in his own writing (or by an electronic alternative means approved by the Secretary) that a specific brand is medically necessary for a particular recipient.

(2) The agency must decide what certification form and procedure are used.

(3) A checkoff box on a form is not acceptable but a notation like “brand necessary” is allowable.

How will electronic prescribing perform the necessary steps required of Brand Medically Necessary for Medicaid patients?

NCPDP worked with CMS representation to determine functionality that would satisfy the intent of the regulation for electronic prescribing. The process below was approved in August 2010 at NCPDP meetings. CMS will provide updated guidance to the states to support this functionality.

The necessary steps for all Medicaid programs when applicable for the prescription

In the NCPDP SCRIPT New Prescription transaction,

If Substitutions

Is equal to = 1 (Substitution Not Allowed by Prescriber – This value is used when the prescriber indicates, in a manner specified by prevailing law, that the product is Medically Necessary to be Dispensed As Written. DAW 1 is based on prescriber instruction and not product classification)

Then Free Text <Note>

Must contain "Brand Medically Necessary".

Regardless of a prior authorization or lack thereof, any electronic prescription requires 3 elements to be eligible for Medicaid reimbursement per CMS:

1. The actual text (without quotes) “Brand Medically Necessary” in the prescription provided directly by the prescriber or prescriber office that displays/prints on the prescription image/hard copy.
   a. Per CMS, the specific text is to be sent; it is not to be abbreviated or truncated.
   b. Per CMS, the above requirement would NOT be satisfied by printing the hard copy, calling the prescriber and documenting on that hard copy “BRAND MEDICALLY NECESSARY” even if the prescriber him/herself told the pharmacist in person. It MUST come from the prescriber hand/system.
   c. The prescriber hand/system will add this text “BRAND MEDICALLY NECESSARY” as a Prescriber Note to the pharmacy. It should be placed in the <ReasonForSubstitutionCodeUsed> element.
   d. The NCPDP SCRIPT field to be used is
      i. <ReasonForSubstitutionCodeUsed>
2. A Prescription Origin Code (419-DJ) on the Telecommunication claim indicating the electronic origin (the pharmacy is responsible to add the correct value to the claim and transmit the claim).

3. A Dispense As Written (408-D8) code of “1” (must appear on the prescription that meets the prescriber’s requirement, be “honored” by pharmacy, and be transmitted on the claim).

With these elements present, the prescriber is fully liable for the use of the brand and the pharmacy will have no liability, per CMS.
7. DISCUSSION OF WRITTEN DATE

In SCRIPT Version 2010121, support for clarification of WrittenDate was added. There are multiple sections that provide clarity. While this is effective with Version 2010121, the guidance is important for all versions.

On a NewRx the <WrittenDate> indicates the date the prescriber created this prescription being transmitted.

<EffectiveDate>: The date or date/time after which this prescription being transmitted can be dispensed (i.e., do not fill before date) as authorized by the prescriber. For receipt of prescriptions with transmission of the NewRx greater than 72 hours of the <WrittenDate>, the RxChange transaction can be used for clarification with the prescriber.

EXCEPTION: Electronic prescriptions for patients receiving Long Term Care Pharmacy Services are exempt from the <EffectiveDate> usage stated above.

On a RefillResponse or RxChangeResponse <Approved> or <ApprovedWithChanges>, the <WrittenDate> must indicate the date of approval and must not indicate the <WrittenDate> of the original prescription indicated in the request.
8. IMPLEMENTATION OF STRUCTURED AND CODIFIED SIG

For examples of Structured and Codified Sigs see the Version 2017071 or greater SCRIPT Standard Examples Guide.

8.1 BACKGROUND

The NCPDP Structured and Codified Sig Format standardizes the portion of an electronic prescription containing the directions for use. This is intended to facilitate communication between prescribers and pharmacists through use of accepted electronic transmission standards, such as NCPDP SCRIPT, to improve the efficiency of the prescribing and dispensing activities and to help reduce the opportunity for errors.

*The intent of the Structured and Codified Sig Format is not to facilitate the reconstruction of the Sig to human readable form (English), but rather to communicate through electronic means the Sig components in a controlled, well-defined structure.*

This section contains information to assist implementers in their efforts to adopt and broadly use the Structured and Codified Sig Format. It provides practical guidance related to the applicability of the segment to common prescriptions, and the use of SNOMED CT® (Systemized Nomenclature of Medicine Clinical Terms) within it to convey timing, indications and other clinical concepts in a standard way.

The WG11 Implementation of Structured and Codified Sig Task Group found that a majority of prescriptions filled in retail and mail order pharmacies contain a relatively small number of Sig strings. The task group chose to focus its efforts on these Sig strings and created examples for these (in XML) to assist implementers. The task group also created examples for some more complex Sig strings.

8.1.1 Retail and Mail Order Sigs

Task group participants from retail and mail order pharmacies provided de-identified Sig data for analysis. Upon review, it was found that 24 Sig strings represented approximately 50% of the prescription volume processed by the pharmacies. This list was used as basis for generating example SCRIPT XML message excerpts containing the structured Sig composite and applicable SNOMED CT® Concept IDs and FMT Codes. The task group added the route of administration to the strings, as route will is mandatory in the Structured and Codified Sig Format.

Below are the 24 Sig strings:

<table>
<thead>
<tr>
<th>Original String</th>
<th>String with Elements Added for a More Complete Sig</th>
<th>Clarification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Take 1 tablet daily</td>
<td>Take 1 tablet by mouth 1 time per day</td>
<td>While “daily” and “per day” are synonymous, since this is expressing a frequency, “day” is more precise</td>
</tr>
<tr>
<td>2 Take 1 tablet twice a day</td>
<td>Take 1 tablet by mouth twice a day</td>
<td></td>
</tr>
<tr>
<td>3 Take 1 tablet at bedtime</td>
<td>Take 1 tablet by mouth at bedtime</td>
<td></td>
</tr>
<tr>
<td>4 Take 1 tablet 3 times a day</td>
<td>Take 1 tablet by mouth 3 times a day</td>
<td></td>
</tr>
<tr>
<td>5 Take as directed</td>
<td>Take as per medical encounter instructions</td>
<td>While the original Sig is commonly used, it is not specific enough because the dose and route are not included. This is modified</td>
</tr>
</tbody>
</table>
Because typical prescription directions are straightforward—containing dose quantities and simple timing—they can be represented using a small subset of structured Sig elements. The Structured and Codified Sig Format that is part of the SCRIPT Standard contains over 90 unique elements that can be combined to convey complex dosing schedules and administration instructions. But the common Sigs reviewed by the task group could be represented using 20-30 of those information elements. The example Sig strings that included multiple administration periods (for example, an initial loading dose followed by a different maintenance dose) used the same small subset of data elements but repeated for each dosing period.

### 8.1.2 Universal Medication Schedule (UMS)

The Universal Medication Schedule (UMS) is a methodology that simplifies medication administration instructions for the patient and / or their caregiver. The goal of UMS is to increase patient understanding and adherence of their medication instructions, thus resulting in improved health outcomes. Administration instructions using UMS are standardized to provide
explicit timing with standard intervals (morning, noon, evening, bedtime). The consistent and widespread use of UMS and Sig will assist patients in understanding and adhering to their medication regimen. As an example, instructions that indicate “take one pill in the morning and take one pill in the evening” are clearer than “take twice a day” and are easily supported by the Structured and Codified Sig Format. More information on UMS can be found at https://www.ncpdp.org/NCPDP/media/pdf/WhitePaper/NCPDP-UMS-WhitePaper.pdf?ext=.pdf

8.2 Benefits

Adoption of the Structured and Codified Sig minimizes ambiguity and assists in the standardization of sigs. Standardization minimizes permutations, facilitates accuracy, promotes patient safety, and improves efficiency. Standardized, structured data reduces the potential for transcription errors, and enables automated monitoring of quality metrics.

When prescription directions are transmitted using a structured data format and standard terminologies, their meaning is preserved in a system-processable form. Because the clinical components such as route of administration and administration timing are represented as standardized terms, every receiving system interprets the information in the same way. And each receiver can map the sig components to its internal data structures to support clinical alerts, dispensing automation, or other processing. The Sig is part of any prescription transfer, is reviewed during medication reconciliation and may be included when exchanging medication histories.

Reducing the manual processes currently used to support renewal requests and medication reconciliation will improve efficiency and user satisfaction with their system. The need for system interoperability is increasing and having the Sig available in a structured and codified form will support many services provided by pharmacists, such as medication therapy management and immunization administration.

8.3 Best Practices

The task group discussed several practical issues related to the implementation of the Structured and Codified Sig. Task Group participants considered likely workflow issues and changes to the format that are already reflected in future versions of SCRIPT. The following are recommendations to be considered when implementing Structured and Codified Sig:

- The complete sig must be displayed to the prescriber before the prescription can be sent.
- The text sig must not conflict with other discrete elements in the prescription (for example the text sig should not say “by mouth” when the route of administration text says “topical”).
- Adhere to the principles of the Universal Medication Schedule.
- Sigs that only indicate “As directed” or “As needed” are considered incomplete and may not be allowed in certain states.
- Recognize trading partners may be at different stages of implementation of the structured sig, such as the difference between accepting the structured sig fields in the
transactions and utilizing these fields as an aid to understanding and creating the sig for the patient.

8.4 **FMT USE FOR SCRIPT IMPLEMENTATION**

The Federal Medication (FedMed) collaboration is developing shared FedMed Terminology (FMT) and standards to improve the exchange and public availability of medication information. FedMed is a joint effort of these Federal partner agencies:

- Food and Drug Administration (FDA)
- National Library of Medicine (NLM)
- Veterans Health Administration (VHA)
- National Cancer Institute (NCI)
- Agency for Healthcare Research and Quality (AHRQ)

FedMed resources and standards encompass medication and ingredient names, codes, routes of administration, dosage forms, units of presentation, mechanisms of action, physiologic effects, and structure. Key components of the FedMed initiative are:

- **FDA**'s Unique Ingredient Identifier (UNII) codes for drug ingredients (see FDA Terminology Web page) and National Drug Codes (NDC) for prescription medications.
- **NLM**'s RxNorm, for clinical drug names, and DailyMed, for viewing and downloading SPL-encoded drug labels.
- **NCI** Thesaurus (NCIt) for a range of supporting terminology sets and investigational agents. The FedMed-related SPL subsets of NCIt are described and accessible on the FDA Terminology Web page.

The National Cancer Institute (NCI) has created a subset of FMT dose forms (NCIt Codes) for use in the NCPDP SCRIPT <DoseFormCode> element; this subset is named the Drug StrengthForm Terminology. This is the only field within the Structured and Codified Sig Format where FMT is applicable:

<table>
<thead>
<tr>
<th>Structured and Codified Sig Format - Field Name</th>
<th>FMT Term from NCI for Dose Form Code Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose Form Code (with Dose Form Text)</td>
<td>Previously referenced as Unit of Presentation</td>
</tr>
<tr>
<td></td>
<td>Refer to NCPDP DoseUnitOfMeasure Terminology</td>
</tr>
</tbody>
</table>

8.5 **SNOMED® CT USE FOR SCRIPT IMPLEMENTATION**

Updated: 11/2023

The Structured and Codified Sig Format uses SNOMED CT© (Systemized Nomenclature of Medicine Clinical Terms), a clinical healthcare terminology that was selected for its
8.5.1 SNOMED CT® Resources

SNOMED CT® Documentation

IHTSDO, the organization that manages the SNOMED CT® terminology, provides useful documentation on its website. The SNOMED CT® E-Learning Center and SNOMED CT® Document Library offer a number of resources, from high-level overviews of the terminology to detailed implementation guidance.

- E-Learning Center: http://ihtsdo.org/fileadmin/user_upload/doc/elearning.html
- Document Library: http://ihtsdo.org/fileadmin/user_upload/doc/

The SNOMED CT® Starter Guide (which can be found in the Document Library noted above) is a helpful introduction to SNOMED CT® that includes basics of the terminology, describes the concept hierarchy, and contains other helpful information.

SNOMED CT Browsers

The IHTSDO site also lists a number of tools that enable a user to search for SNOMED CT® concepts and browse through the concept hierarchy.

http://ihtsdo.org/fileadmin/user_upload/doc/browsers/browsers.html

IHTSDO offers its own online browser (http://browser.ihtsdotools.org), which presents the international version of SNOMED CT®.

Another is an online browser offered by the National Library of Medicine—the US member of IHTSDO that distributes SNOMED CT® for use in this country and maintains the SNOMED CT® extension that supports US-specific concepts. This browser, which contains both the international release and the US extension, is located at https://uts.nlm.nih.gov/snomedctBrowser.html. In order to use it, one must first sign up online for an account https://uts.nlm.nih.gov/license.html.

A downloadable browser used by many, even though it is no longer officially supported by its developer, is CliniClue Xplore (https://clinical-clue-xplore.software.informer.com/). This tool is easy to use, but it does not directly support browsing of the US SNOMED CT® extension (though it can be manually brought into the tool).
HealthTerm (https://www.carecom.com/products/) is a mobile browser available for iPhone and Android devices. It enables searching of SNOMED CT® as well as other health terminologies.

8.5.2 Conventions for Use of SNOMED CT® Terms and Identifiers
Each piece of clinical information is captured by a SNOMED CT® Concept Identifier. This identifier conveys the essence of the information independent of how it may be defined in different locales or languages. The NCPDP Structured Sig composite uses SNOMED CT® Concept IDs as the primary means for conveying timing, indications, and other administration aspects. In the SCRIPT Implementation Guide it refers to SNOMED CT® Code this is synonymous with SNOMED CT® Concept ID.

In addition, SNOMED CT® provides multiple text descriptions for each SNOMED CT® Concept ID. The Fully Specified Name is a complete—though sometimes ungainly—reflection of the concept’s meaning. Additional Synonyms are provided, with one noted as the Preferred Term. In the NCPDP Structured Sig composite, this textual description accompanies each SNOMED CT® Concept ID.

Industry use and other standards do not force the SNOMED CT® preferred term to be sent as the text description accompanying the SNOMED CT® Concept ID. Organizations may have their own preference on whether to send the preferred term, a SNOMED CT®-identified synonym, or a local description. Users should not expect that the receiving system will display the exact text that was sent; the receiving system may instead choose to display the SNOMED CT® preferred term related to the Concept ID or a synonym appropriate for its locale and user base (e.g., “oral route”, “orally”, “by mouth”, etc.).

The important thing to remember is that the receiving system will use the SNOMED CT® Concept ID as the “source of truth” for information being sent and may or may not make use of the textual description. Receiving systems should retain a record of what was sent to support auditing and troubleshooting needs.

8.6 Locating SNOMED CT® Concepts for Use in Structured Sig
SNOMED CT® concepts are organized into hierarchies. At the top of the hierarchy is the base "SNOMED CT® Concept" which is the super type (parent) of the top-level concepts (including clinical finding, procedure, body structure, qualifier value, etc.) and all the concepts beneath them (their subtypes). As the hierarchies descend, the concepts within them become increasingly specific.

For example, many of the concepts that are contained in medication directions are located in SNOMED CT®’s Qualifier Value hierarchy which contains concepts such as
- Route of administration value i.e., oral route
- Dosing instruction imperative i.e., take, chew
- Administration timing i.e., morning, evening
- Dosing intervals and frequencies i.e., day, week, daily, weekly.
8.6.1 Relevant SNOMED CT® Hierarchies for Common Retail and Mail Pharmacy Sigs

This section describes the branches of the SNOMED CT® hierarchy that hold concepts related to Sig elements used in the common direction strings reviewed by the task group.

Because this guidance focuses specifically on the 24 example Sig strings it does not cover all concepts that a full structured Sig implementation will require. Use the referenced resources in this section to locate other concepts to represent information in directions not covered here.

Always rely on IHTSDO-provided materials as the source for guidance on implementing SNOMED CT®. This chapter provides a starting set of recommendations; more industry experience will likely result in adjustments to this guidance over time.

Each Structured and Codified Sig Format element below (shaded) is followed by an illustration of the SNOMED CT® hierarchy “branch” that holds related concepts.
SCRIPT StructuredSig Element: <DoseDeliveryMethodCode>
Example: “Take” SNOMED CT® Concept ID = 419652001

Hierarchy: Qualifier value/dosing instruction fragment/dosing instruction imperative
Related values:
- “Apply” = 417924000
- “Chew” = 419747000
- “Inhale” = 421134003
- “Inject” = 422145002
- “Swish” = 421805007

SCRIPT StructuredSig Element: <RouteofAdministrationCode>
Example: “Oral Route” (by mouth, orally) SNOMED CT® Concept ID = 26643006

Hierarchy: Qualifier value/route of administration value
Related values:
- “Topical” = 6064005
- “Nasal” = 46713006
**SCRIPT StructuredSig Element: <AdministrationTimingCode>**

Example: “Bedtime” = 21029003

**Hierarchy:**
Qualifier value/timeframe
Qualifier value/descriptor/time patterns/temporal periods/temporal periods of day

**Related values:**
- “Morning” = 73775008
- “Evening” = 3157002

**SCRIPT StructuredSig Elements: <FrequencyUnitsCode>, <IntervalUnitsCode>, <DurationTextCode>**

Example: “Day” SNOMED CT Concept ID® = 258703001

**Hierarchy:**
Qualifier value/unit/unit of time/non-SI unit of time

**Related values:**
- “Hour” = 258702006
- “Week” = 258705008
- “Month” = 258706009
SCRIPT StructuredSig Element: <IndicationPrecursorCode>
Example: “as needed for” SNOMED CT® Concept ID = 420449005

Hierarchy: Qualifier value/descriptor/time patterns/frequencies/irregular frequency

SCRIPT StructuredSig Element: <IndicationTextCode>
Example: “pain” SNOMED CT® Concept ID = 22253000

Hierarchy: Clinical finding/neurological finding/sensory nervous system finding/pain/sensation finding
Below is a summary of the SNOMED CT® concepts used in the common direction strings reviewed by the task group:

<table>
<thead>
<tr>
<th>Code</th>
<th>SNOMED CT® Concept Hierarchy</th>
</tr>
</thead>
</table>
| <DoseDeliveryMethodCode>    | • SNOMED CT® Concept  
|                            |   o qualifier value  
|                            |     • dosing instruction fragment  
|                            |     • dosing instruction imperative  
| <RouteofAdministrationCode>| • • SNOMED CT® Concept  
|                            |   o qualifier value  
|                            |     • route of administration value  
| <AdministrationTimingCode> | • • SNOMED CT® Concept  
|                            |   o qualifier value  
|                            |     • time frame  
|                            |     or  
|                            |     o qualifier value  
|                            |     • time patterns  
|                            |     • temporal periods  
|                            |     o temporal periods of day  
| <FrequencyUnitsCode>       | • • SNOMED CT® Concept  
|                            |   o qualifier value  
|                            |     • descriptor  
|                            |     • time patterns  
|                            |     o frequencies  
| <DurationTextCode>         | • • SNOMED CT® Concept  
|                            |   o qualifier value  
|                            |     • Unit  
|                            |     • unit of time  
| <IndicationPrecursorCode>  | • • SNOMED CT® Concept  
|                            |   o qualifier value  
|                            |     • descriptor  
|                            |     • time patterns  
|                            |     o frequencies  
| <IndicationTextCode>       | • • SNOMED CT® Concept  
|                            |   o clinical finding  
| <Interval>                 | • • SNOMED CT® Concept  
|                            |   o qualifier value  
|                            |     • descriptor  
|                            |     • time patterns  
|                            |     o frequencies  

8.7 **SIG GRAMMAR RULES**

Last updated: 08/2023

The following are Sig grammar rules that should be followed when constructing `<SigText>` from codified values.

- The text is printed in the order it appears in the source XML
- “time per” is added when `FrequencyUnits/FrequencyNumericValue` <= 1
  - “1 time per day”, “0.1 time per day”
- “times per” is added when `FrequencyUnits/FrequencyNumericValue` > 1
  - “2 times per day”
- “every” is implied and added before `Interval/IntervalNumericValue`
  - “every 6 TO 8 hours”
- If `Interval/IntervalNumericValue` > 1 the interval should be plural
  - “every 8 hours”
- “for” is implied and added before `Duration/DurationNumericValue`
  - “for 5 days”
- If `Duration/DurationNumericValue` is > 1 the duration should be plural
  - “for 5 days”
- If `DoseQuantity` is > 1 the dose unit of measure should be plural
  - “take 2 tablets”
- If `DoseDeliveryMethod` is equal to “Instill”, “Place”, “Insert”, or “Inject”, “in” is implied and added before `SiteOfAdministration`
  - “Instill 1 drop in both eyes twice daily”
- “maximum of” is implied and added before `MaximumDoseRestrictionNumericValue`
- “per” is implied before `MaximumDoseRestrictionDurationValue`
  - “maximum of 3900 Milligram per 1 DAY”
- `InstructionIndicator` is printed as “Use as directed during medical encounter”
- `AdministrationIndicator` is printed as “Use as directed per manufacturer instructions”
- Do not print `RouteOfAdministration` with code of 10003008 (Unspecified)
- Do not print `AdministrationTimingEvent` with code of 10003008 (Unspecified)

8.8 **FREQUENTLY ASKED QUESTIONS**

8.8.1 Where Do I Obtain the SNOMED CT® CODE Set Used in Structured Sig?


SNOMED CT® starter guide:
https://confluence.ihtsdotools.org/display/DOCSTART/SNOMED+CT+Starter+Guide

8.8.2 How Do I State the SNOMED CT® VERSION in Structured Sig?

The `<SNOMEDVersion>` element should be populated with the date of the SNOMED CT® release used when
creating the message content. The format of the date should be CCYYMMDD, for example:

- 20130731

### 8.8.3 Where Do I Obtain the FMT Code Set Version?

The FMT Code Set is provided as a spreadsheet and CSV file. The FMT Code Set Version is provided as the name of the spreadsheet tab, and in the Changes.txt document provided with each release. http://www.cancer.gov/cancertopics/cancerlibrary/terminologyresources/ncpdp

For example:
FMT version – listed on the files as
- 10.11e
- 11.05e
- 12.07d
- 13.08d

### 8.8.4 <Frequency> What if the Frequency is not specified, I.E., “take 1 tablet at bedtime”

If frequency is not filled in, it does not need to be specified. In the example given, the frequency does not need to specified as it is assumed to be per “day”.

### 8.8.5 How Do I send a Prescription That includes a Frequency (twice per day) and Specified times, such as “Take Twice Daily at 9:00 a.m. and 5:00 p.m.”?

It is recommended that “twice daily” is sent in the Frequency segment. If the prescriber is directing specific times in addition to frequency, the hours should be sent in the TimingClarifyingFreeText segment.

If the prescriber is not directing specific times and the additional administration information of 9:00 a.m. and 5:00 p.m. is specified by an agent of the prescriber (common practice in LTPAC settings), the additional administration information should be sent in the FacilitySpecificHoursOfAdministration segment. Information that is not part of the prescriber’s directions is not sent in the Sig.

### 8.8.6 Can I include the Patient’s Height and/or Weight if I am not sending a Dose Calculation Formula?

Patient’s height and/or weight can be sent in the Observation Segment in any prescription, regardless of whether dose calculation is included. See sections

- “Recommendations for ePrescribing Best Practices of Patient Height, Weight, Contact, Insurance, and Diagnosis Information”
- “Best Practices for the Use of Medication <Note> (or Free Text)” and
- “Directions/Sig”.

### 8.8.7 How Do You Express Similar But Distinct Concepts?

There are multiple ways to express similar ideas especially in the written/spoken language. SNOMED CT® Concept IDs are precise and the ramifications of the nuances between the concepts should be considered.
For example, the intents of “daily”, “1 time per day”, and “once a day” represent the same idea stated different ways. However, there are different SNOMED CT® Concept IDs in cases where similar words have different meanings in different contexts.

“Day” represents a time frame (i.e., “1 time per day”, “once a day”). “Daily” represents a time pattern. The SNOMED CT® Concept ID for “day” (258703001) is to be used rather than the Concept ID for “daily” (69620002) when relaying a unit of measure.

### 8.8.8 Does <Duration> support just length of therapy, or also number of doses?

<Duration> is defined as the “duration of use/therapy” and duration is generally defined as “the length of time something continues or exists”. Therefore, <DURATION> should only be used to support length of therapy. The Maximum Dose Restriction elements should be used when the number of doses is limited by the prescriber.

### 8.8.9 Should the TextString reflect the same content when the Sig is “take one tablet orally twice per day”, “take one tablet orally every two days” or “take one tablet orally for two days”?

Yes, the strings would be the same: take 1 oral route 2 day. When the string is sent the following guidance is recommended. It will help support transmission and interpretation of the prescribers intended sig. If both the sender and receiver support structured sig, both systems would have the correct code for the applicable timing element (frequency, interval, duration).

- **Frequency** is events per unit of time.
- **Interval** is the time between events.

In order to assist implementers, the following is suggested when constructing the TextString:

- When the timing element specifies the frequency add “per” before the <FrequencyUnitsText>
- When the timing element specifies the interval add “every” before the <IntervalNumericValue>
- When the timing element specifies the duration add “for” before the <DurationNumericValue>

When concatenating free text, you may add additional language to make the sig readable to a system not processing the structured sig, provided it does not conflict with data in the structured sig. For example, you may use the following logic:

- **Added before Numeric Value**
  - Take 1 tablet oral route every 2 day (Interval)
  - Take 1 tablet oral route for 2 day (Duration)*

- **Added before Units Text**
  - Take 1 tablet oral route 2 per day (Frequency)

*Note: this example is being used for demonstration purposes: including duration without additional timing instructions is not recommended.

See Section: Sig Grammar Rules for additional requirements.

### 8.8.10 How do I send a Structured Sig for “AS NEEDED” prescriptions without an indication for use?

It is recommended, and required in some care settings, that an indication be included on the prescription whenever the administration instructions state “as needed” or “PRN” to designate the specific circumstances or conditions for when the medication administration is needed. Prescribers should be
aware that sending “as needed” without an indication may result in contact from the pharmacy to obtain clarification. If the prescriber still wishes to send an “as needed” or “as required” prescription without a specific indication, it can be sent using <IndicationPrecursor>. The SNOMED Code for “as required” is 225761000 and should be used.

8.8.11 What Sig information should be sent in messages from the pharmacy (e.g., Renewal request, change request, fill status)?

- Pharmacies that support Structured Sig should echo the Structured Sig elements sent by the prescriber in the MedicationPrescribed loop and build the Structured Sig data elements in the MedicationDispensed and MedicationRequested loop based on the sig used for dispensing medications to the patients.
- Pharmacies that do not support Structured Sig should send the SigText String in both the MedicationPrescribed and MedicationDispensed and MedicationRequested loops.

8.8.12 How should a Sig that includes dosing and the phrase “as directed” be populated?

If “as directed” is part of the Sig, e.g., “take one tablet daily as directed”, then the structured sig, using <DoseAdministration> should be followed including “as directed” as <ClarifyingFreeText>. In this situation, the prescriber is providing some detail as to how the prescription is to be administered, and it is presumed supplemented with other information the prescriber gave the patient.

8.8.13 If my Sig does not have a specific discrete dose value (i.e., for topical medications) or a route of administration (i.e., for durable medication equipment or testing supplies), and I enter the SNOMED CT code for “Unspecified” in a required field, should the textual translation of this code be included in the Sig Text field for the complete Sig overall?

No, the inclusion of the text string “Unspecified” in the Sig Text field (e.g., Apply sparingly unspecified to the lower left arm twice daily as needed for pruritus) is not considered appropriate, as the recipient does not derive any value or benefit from the inclusion of the “Unspecified” text string, and may even experience confusion from its inclusion as part of the overall Sig text. Thus, systems implementing Codified Sig should develop logic to ensure the textual translation of the SNOMED CT code for “Unspecified” (including any synonyms) is excluded from the final string in the <Sig Text> field.

8.8.14 If there is not a SNOMED Code for a particular element how do I use Structured and Codified Sig?

If possible, use the ClarifyingFreeText field for the element not coded in SNOMED and contact SNOMED to request the addition. If ClarifyingFreeText is not sufficient, then directions must be populated in the SigText field and the structured fields would not be populated.

8.8.15 Does the way that my system creates the wording of the <SigText> field need to match what the NCPDP style sheet reflects?

No. The <SigText> must contain either completely free text with no corresponding structured content OR be generated from the structured Sig that contains all the elements semantically captured by and corresponding to the codified elements and clarifying free text fields. If you cannot fully represent the content of the prescriber’s intended directions in the structured sig, only populate the free text. If the composites contain codified information, the codes and their textual representations must semantically
match with the string in the <SigText>. THE NCPDP Style Sheet is provided as guidance; neither its use nor conformance is required.

8.8.16 How should Route of Administration be populated if the prescribed product does not have a Route of Administration, such as for durable medical equipment?
Route of Administration is required unless <InstructionIndicator> or “<AdministrationIndicator> is used. If neither <InstructionIndicator> or <AdministrationIndicator> are used, the SNOMED code of 10003008 for unspecified should be used.

8.8.17 Is it possible to create a Sig that includes more than one DoseUnitOfMeasure? For example, if the prescription is for Nystatin suspension, does the structured and codified Sig support “Give 1mL (100,000 Units) by mouth three times a day”?
No, structured and codified Sig does not support more than one DoseUnitOfMeasure. For the example provided, you must specify the dose, in DoseUnitOfMeasure in either mL or Units, but not both, using the appropriate code.

8.8.18 ARE ROUTE OF ADMINISTRATION and Site of Administration interchangeable if I can only accommodate one and not both in my system’s Sig-builder tool?
No. While they are very closely related, <RouteOfAdministration> and <SiteOfAdministration> are two separate composites in the schema intended to accommodate two different aspects of the Sig. For example, if a Sig states, “Instill 1 drop into left eye three times a day”, the Site of Administration in this Sig would be “Left Eye”, while the Route of Administration would be “Ophthalmic”, which is implicit, albeit not explicitly stated in this particular Sig free-text string. This is also exemplified in Sigs such as “Instill 1 drop in both ears once daily” or “Apply a pea-sized amount to affected areas of the skin three times a day”, where the Sites of Administration would be “both ears” and “affected areas of the skin” respectively, and the implicit Routes of Administrations would be “Otic” and “Topical”, respectively. When building out the codification and mappings for the Sig, if a Sig builder tool can only accommodate the specifying of a Site by the prescriber, the SNOMED CT code for <RouteOfAdministration> may be also implicitly associated with the Site as described above – e.g., “Otic” for Sites of Administration related to “both ears”, “left ear”, “right ear”, etc. and “Ophthalmic” for Sites of Administration related to “both eyes”, “left eye”, and “right eye”.
9. ELECTRONIC PRIOR AUTHORIZATION (ePA) GUIDANCE

Information on the ePA overview and process is available at https://ncpdp.org/NCPDP/media/pdf/Resources/eprescribing.pdf?ext=.pdf.

Recommendations from the National Committee on Vital and Health Statistics to the Secretary of the Department of Health and Human Services May 15, 2014:

Recommendation 1: HHS should name the NCPDP SCRIPT Standard Version 2013101 Prior Authorization transactions as the adopted standard for the exchange of prior authorization information between prescribers and processors for the pharmacy benefit. Recommendation 2: HHS should adopt Recommendation 1 under the most appropriate regulatory sections and processes that would enable prompt industry implementation and at the earliest possible implementation time.

9.1 CLOSED IN PAInitiationResponse

Question: Are payers able to adjudicate a PA without having to process a PARequest? If not, why are there composites for <AuthorizationNumber>, <AuthorizationDetails>, and <AuthorizationPeriod> in the PAInitiationResponse?

Response: No. These fields are not used to indicate that the payer is approving the requested PAInitiationRequest. These fields are only to be used in the PAInitiationResponse in scenarios where the payer is indicating that the requested PA has already been adjudicated. For example, if the payer has already approved the PA, in the PAInitiationResponse they would send back a <Closed> response with a <ReasonCode> of “CF” (Prior Authorization duplicate/approved). The payer could then include (optionally) the authorization details for that approved PA.

9.2 Response to PA Request Transactions

Question: Can the response to a PA request transaction (i.e., PAInitiationRequest, PARequest, PAAppealRequest and PACancelRequest) be a PA response transaction (i.e., PAInitiationResponse, PAResponse, PAAppealResponse and PACancelResponse), or does the response have to be a Status, Error or Verify transaction?

Response: The response to a PA request transaction is either a Status, Error or Verify transaction. This applies to the PA response transactions as well – the response to a PA response transaction is either a Status or Error or Verify transaction. The Status transaction indicates the PA request/response transaction was successfully received and accepted for processing. The Error transaction indicates the PA request/response transaction was not successfully delivered or was not accepted for processing. The Verify transaction communicates to the sender that the receiver has received the transaction. More information on the Status, Error, and Verify transactions is available in the NCPDP XML Standard document.

The SCRIPT Standard Implementation Guide reflects this transaction flow for the PA transactions in the figures throughout section 5.18 and the PA transaction examples in sections 11.31 – 11.35. This transaction flow provides a consistent response to the prescriber system and the prescriber regardless of the payer they send a PA request transaction to or the amount of time needed by the payer to process the PA request transaction and return a PA response transaction.

9.3 Denying a PACancelResponse

Question: Some of our participants are asking about the use case for a payer denying a PACancelRequest. The payer can send a <Denied> PACancelResponse for the following reasons:

1) BZ – Can’t find PA Case ID
If the payer responds with anything but CB, what is the expectation for the prescriber vendor?

Response: The expectation for the reject scenario, as with other SCRIPT transactions, is to fix whatever was wrong and send a corrected PACancelRequest. If the transaction cannot be corrected, manual procedures should be used. The payer may return a help desk number for more assistance.

9.4 Best Practices for the Use of Attachments in Electronic Prior Authorizations

To maximize automation and reduce administrative burdens for both providers and payers, attachments should only be used when the required information cannot be sent in a discrete field within the SCRIPT ePA transactions or when the review criteria clearly require progress notes, lab results, imaging and other supporting information that is not transferable to a discrete field within the transaction. Payers considering use of attachments in ePA should first closely review the ePA question set capabilities to ensure the required data cannot be captured within a discrete field. The industry should work towards exclusive use of structured data (either in discrete fields in the SCRIPT ePA transactions or in codified, structured HL7 C-CDA attachments) in the SCRIPT ePA transactions by 2019 to eliminate the need for manual processing of PA requests.

9.5 Partially Denied Electronic Prior Authorization for v10.6

Question: How should a partially denied ePa be handled in SCRIPT versions prior to the 2015 versions?

Response: When a plan approves a prior authorization but with some limitations the PA is considered partially denied. Until there is a discrete <ResponseStatus> in the PAResponse for partially denied, plan will not send back partial prior authorization denials.

The EMR can expect that any PAResponse returned by the plan in an <Approved> status approves the requested medication. This ensures that EMRs do not have to develop special logic to compare the authorization details returned by the plan in the PAResponse with the medication prescribed in the PAInitiationRequest.

9.6 Modification to a Recently Sent Electronic Prior Authorization

Question: A prescriber initiates an electronic prior authorization or sends an electronic prior authorization request. The prescriber then determines that some of the details need to be modified. For example, the quantity or day supply need to be modified. How should this be done?

Response: If the prescriber wants to modify details such as quantity or days supply for which a PAInitiationResponse or a PAResponse has been received, a PACancelRequest must be sent to cancel the initial <PACaseID>. The prescriber should then submit a new PAInitiationRequest with the revised information. Logic to detect duplicates differs from payer to payer (or from line of business). If the initial <PACaseID> is not cancelled, the new PAInitiationRequest may be identified as a duplicate. While it is ideal for the prescriber to wait for a PACancelResponse prior to sending a new PAInitiationRequest, a delay may prevent a patient from receiving the medications needed, thus in this case the PAInitiationRequest may be sent prior to receiving the PACancelResponse.
9.7 **Pharmacist Initiated Electronic Prior Authorization**

**Question:** Can a pharmacist initiate/request an ePA?

**Response:** Yes, as the transaction supports the submission of prescriber, provider and pharmacy information. The header information identifies the sender and receiver. The prescriber and pharmacy segments are required.

When the pharmacist is submitting on behalf of the prescriber, the provider segment must be populated with the submitting pharmacist’s information, the prescriber segment must be populated with the prescriber’s information and the pharmacy segment must be populated with the dispensing pharmacy’s information.

When the pharmacist is the prescriber, the prescriber segment must be populated with the pharmacist’s information and the pharmacy segment must be populated with the dispensing pharmacy’s information; the provider segment is not sent.

If the receiver (i.e., PBM, PA Processor) does not accept PA requests from pharmacists, they should respond to the message (PAInitiationRequest, PARequest) using ReasonCode10 “BY” (Other) and a <Note> stating, “Pharmacist is not allowed to submit ePA request.”

9.8 **Expected Behavior for the <RangeComparison> Elements**

**Question:** What is the expected behavior for the <RangeComparison> element when there are multiple comparisons?

**Response:** Expected usage of And/Or when using two comparison operators in a range comparison is shown in the table below:

<table>
<thead>
<tr>
<th>LowerBoundComparisonOperator</th>
<th>UpperBoundComparisonOperator</th>
<th>AND/OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>LT</td>
<td>GT</td>
<td>OR</td>
</tr>
<tr>
<td>LT</td>
<td>GE</td>
<td>OR</td>
</tr>
<tr>
<td>GT</td>
<td>LT</td>
<td>AND</td>
</tr>
<tr>
<td>GT</td>
<td>LE</td>
<td>AND</td>
</tr>
<tr>
<td>LE</td>
<td>GT</td>
<td>OR</td>
</tr>
<tr>
<td>LE</td>
<td>GE</td>
<td>OR</td>
</tr>
<tr>
<td>GE</td>
<td>LE</td>
<td>AND</td>
</tr>
<tr>
<td>GE</td>
<td>LT</td>
<td>AND</td>
</tr>
</tbody>
</table>

All other combinations would be invalid and should be represented using a single comparison instead.

9.9 **DosesPerDay and PADaysSupply**

**Question:** Since there are duplicative elements for days supply, i.e., existing DaysSupply vs new PADaysSupply, how should EHRs and PBMs handle

**Response:** An error has been found in the schema which requires both DaysSupply and DosesPerDay within the PADaysSupplyDosePerDay composite. The schema will be corrected to accurately reflect that either DaysSupply or DosesPerDay can be sent when populating this composite. Also, the PADaysSupplyDosePerDay composite is unbound and it will be updated to one loop when populating
with DaysSupply and/or DosePerDay. It is strongly recommended that the PADaysSupplyDosePerDay composite be used in place of the single DaysSupply element within the MedicationPrescribed segment for PA transactions.

9.10 ** PAPriorityIndicator **

**Question:** Can the PAPriorityIndicator change from the original value in the PAInitiationRequest, in the PAREquest or in the PAAppealRequest?

**Response:** Yes. There is no requirement found in the Implementation Guide that states that the original value in the PAPriorityIndicator in the PAInitiationRequest must be echoed in all subsequent messages. As an optional field, PAPriorityIndicator can be sent as a “S” (Standard) an “X” (Expedited) or not sent.

Notes: payers on the call stated the turn-around time starts when all necessary documentation has been received

9.11 ** KEEPING A PHARMACY IN THE LOOP DURING THE PA PROCESS **

**Question:** How is the pharmacy kept in the loop during the PA process?

**Response:** For SCRIPT Versions prior to 2018071, the prescriber could use the PriorAuthorizationStatus element on a NewRx or RxChangeResponse or any other agreed upon communication method. For SCRIPT Version 2018071 and greater or by trading partner agreements, the PANotification message should be used.

9.12 ** PACancel and PAAppeal **

**Question:** Can the PACancelRequest be used to cancel a PAAppeal?

**Response:** Yes, a PACancelRequest can be used to cancel a PAAppealRequest. The submitter must include the <PACaseID> and may include a <CancelReasonCode> and indicate if the patient has been notified in <IsPatientNotified>.

9.13 ** Determining the First Question and Question Set Flow **

Added: 08/2023

**Definition**

- Root Question: A question that is not referenced by either a <DefaultNextQuestionID> or a <NextQuestionID> in a question set.

Currently, there can be multiple root questions that can be the start of a question set. This creates ambiguity in what first question should be displayed to the submitter based on the contents of the XML question set structure. Differing interpretations may be to follow the question ID without a conditional parent, the order of the XML, or the sequence number. The SCRIPT standard states the SequenceNumber should determine the first question ID that displays. However, SequenceNumber may not start with a root question, or it may be assigned to a QuestionID in the middle of a question set tree. If a root question is not the start of a question set, the root question IDs are unreachable from a Prescriber system that follows the cascading logic of NextQuestionID of which questions are presented. When this happens, it results in
unanswered questions that a payer needs to make a determination to a prior authorization request. This scenario creates a high volume of closed or denied prior authorizations.

9.13.1 Determining the First Question
9.13.1.1 How is the first question determined?
Every question has a sequence number, and these are required to be numerically unique across all questions. The first question to be presented to the Submitter is the question with the sequence number that has the smallest numerical value out of all the questions. The first question displayed, as determined by the sequence number, should be the only question not referenced by a NextQuestionID or DefaultNextQuestionID to determine a single starting point of a question set tree.

Determining Presented Questions:
9.13.1.2 Should all questions sent from the payer automatically be presented to the PA Submitter?
No, a question set is designed by the Payer to be presented gradually, and the questions to be presented can depend on the answers to previous questions. Every answered question determines a set of subsequent questions. During the question-answering process, the set of answered questions and the set of presented questions both gradually increase in size, and the process is complete once there is an end to the set of questions. A question should only be presented if it’s either the first question in the question set or is one of the subsequent questions determined by an answered question.

9.13.1.3 Does the Submitter have to answer all presented questions?
Yes, the question-answering process isn’t complete unless every presented question is answered, and an incomplete set of answers shouldn’t be sent to the Payer. If the Payer receives an incomplete set of answers, they can presume that something went wrong in the PA Submitter’s system and respond with an error message.

9.13.1.4 Can the Submitter answer questions that aren’t presented?
No, answers to questions that shouldn’t have been presented during the question answering process are invalid and should be ignored by the Payer. For every question with a valid answer, there must be a sequence of answered questions connecting back to the first question. If a question is not referenced by another question ID, then it will be unanswerable unless it is the first question.

9.13.2 Determining Subsequent Questions
9.13.2.1 How does an answered question determine a set of subsequent questions?
See Sections: DefaultNextQuestionID and Multi-Select Questions.

9.13.2.2 How can an answered question indicate no further questions should be answered?
When specifying DefaultNextQuestionID and NextQuestionID values, a question can specify “END” rather than the QuestionID of another question. This makes it possible for an answered question to have no subsequent questions in that question set branch. For example, a FreeText question with a DefaultNextQuestionID of “END” has no subsequent questions.
9.13.2.3 **WHAT HAPPENS IF ONE OF THE SUBSEQUENT QUESTIONS DETERMINED BY AN ANSWERED QUESTION IS ITSELF ALREADY ANSWERED?**

A question shouldn’t be ‘asked again’ if it was already asked and answered. When a question is answered that answer causes a set of questions to be presented that weren’t presented before. This set of newly presented questions is simply the intersection of the set of subsequent questions given that answer with the set of unanswered questions.

9.13.2.4 **WHAT HAPPENS IF ONE OF THE ANSWERED QUESTION’S SUBSEQUENT QUESTIONS CONTAINS AN ALREADY ANSWERED QUESTION?**

Because a Submitter’s possible paths through a question set can fork apart and fuse together, there’s no general way of determining what questions a user has already answered. If an answered question points to a subsequent question that’s already been presented and answered that would be considered the end of that question set branch.

As a best practice, the question set should always move in a forward direction. Each question should have an individual and unique SequenceNumber with an appropriate subsequent (n+1 or more) or end question, even if that means a question set is written in such a way that a question may be repeated multiple times but presented once.

What happens if one of an answered question’s subsequent questions is the first question in the question set?

**Response:** Since the first question will always be answered, this is just a special case of the earlier question regarding subsequent questions that have already been answered. However, note that because the first question is guaranteed to be answered, there’s no value in a Payer writing a question that has the first question as one of its possible subsequent questions. It’s recommended that the first question determined by the SequenceNumber is the only question without a NextQuestionID or DefaultNextQuestionID pointed to it. That should prevent this scenario from occurring in a question set.

9.14 **DEFAULTNEXTQUESTIONID**

**Question:** Should the DefaultNextQuestionID be considered as a supplemental question to the NextQuestionID?

**Response:** No, the DefaultNextQuestionID should be used as an alternative question when no NextQuestionID is provided.

**Questions:** Should the DefaultNextQuestionID be included on a question if all choices to a select or multi-select question have a NextQuestionID?

**Response:** No, in this scenario there would be no reason to include a DefaultNextQuestionID as each answer will lead to a NextQuestionID. The DefaultNextQuestionID can indicate an END.

**Question:** Should the DefaultNextQuestionID be included on a question if some choices to a select or multi-select question have a NextQuestionID?

**Response:** Yes, in this scenario the DefaultNextQuestionID is appropriate if the chosen answer does not lead to a NextQuestionID.
Question: Should the DefaultNextQuestionID be displayed if the choice answer to a select or multi-select question has a NextQuestionID?

Response: No, only the NextQuestionID of the selected answer should be displayed. The DefaultNextQuestionID should only apply when no <NextQuestionID> or <NextQuestionCondition> is provided.

Question: Should the DefaultNextQuestionID be displayed if the choice answer to a select or multi-select question has no NextQuestionID?

Response: Yes, if the answer has no NextQuestionID the next question should be determined by the DefaultNextQuestionID.

Examples of DefaultNextQuestionID:

Question Set A: (Choice Question)
Question1: What is the strength of “Drug A” being requested? <DefaultNextQuestionID = 3>
  • Answer: 200mg <NextQuestionID = 2>
  • Answer: 400mg
  • Answer: 600mg
In the example shown in Question Set A, only question 2 should be displayed if the provider selects 200mg. Question 3 should be displayed if the provider selects 400mg or 600mg.

Question Set B: (Choice Question)
Question 1: What form of medication is being requested? <DefaultNextQuestionID = 5>
  • Answer: Liquid <NextQuestionID = 2>
  • Answer: Tablet <NextQuestionID = 3>
  • Answer: Capsule <NextQuestionID = 4>
In the example shown in Question Set B, question 5 is irrelevant as each question has a NextQuestionID. The selection of liquid leads to question 2, tablet leads to question 3, and capsule leads to question 4.

9.15 Multi-Select Questions

Question: Do all the choices in a multi-select question need to have the same NextQuestionID?

Response: No, the choices may lead to different next question IDs, but those questions must converge on a single question ID.

Question: Should multiple NextQuestionID(s) of the answer choices be displayed for multi-select questions?

Response: Yes, all NextQuestionID(s) for the answer choices of multi-select questions should be displayed when the <SelectMultiple> indicator is “True” and the NextQuestionID is unique.

Question: Can multi-select questions branch into their own question set?

Response: No, eventually the NextQuestionID(s) of the answer choice(s) from a previous multi-select question should converge under one NextQuestionID. This is to prevent multiple subsequent question sets from branching on a multi-select question.
Examples of Multi-Select Questions:

**Question Set A:** (Choice Question; Multi-Select = Y)

Question 1: What symptoms has the patient exhibited (select all that apply)? <DefaultNextQuestionID = 2>
- Answer: Coughing <NextQuestionID = 3>
- Answer: Wheezing <NextQuestionID = 4>
- Answer: Headache <NextQuestionID = 5>
- Answer: Nausea <NextQuestionID = 6>
- Answer: None of the above

In this example above, if the Provider chooses both Coughing and Wheezing, then questions 3 and 4 should be displayed next. If the Provider chooses Headache, then only question 5 should be displayed. If the Provider chooses None of the above, then question 2 should be displayed from the default next question ID.

Question 2: When did the symptoms for coughing start? <DefaultNextQuestionID = 7>
- Answer: Date, mm/dd/yyyy <NextQuestionID = 7>

Question 3: When did the symptoms for wheezing start? <DefaultNextQuestionID = 7>
- Answer: Date, mm/dd/yyyy <NextQuestionID = 7>

In this example above, the next question IDs for the onset date of coughing and wheezing both converge to display question 7. Following this structure ensures that the question set branch reunites in a linear fashion.
10. EDITORIAL MODIFICATIONS

10.1 XML MODIFICATIONS

10.1.1 PatientCodifiedNotes
An error was corrected in the xml schema. It affects version 2017071. The conditionality of the elements<br>\(<\text{Qualifier}>\) and \(<\text{Value}>\) were incorrect. \(<\text{Qualifier}>\) is mandatory and \(<\text{Value}>\) is optional.

10.1.2 V20170712 Republication Modifications
The following modification were made to the 2017071-schema resulting in v20170712

Correct typo in \(<\text{ClinicalInfoTypesRequested}>\) value of “TransplantHealthCareFacilityDischargeDateNonMedicare”. The “l” was missing from Health.

Correct typo in \(<\text{OtherMedicationDateQualifier}>\) value of “AnticipatedHealthCareDischargeDate<br>“TransplantHealthCareFacilityDischargeDateNonMedicare”. The “l” was missing from Health.

Correct issues with \(<\text{Identification}>\) in \(<\text{FollowUpPrescriber}>\). \(<\text{Identification}>\) is optional with a maximum<br>repeat of 1.

Removed \(<\text{SelfAdministrationAllowed}>\) from the following Medication composites:
- DrugAdministrationMedication
- Medication
- MedicationAbstract
- NewRxPrescribedMedication
- NewRxRequestedMedication
- OptionalMedication
- PrescribedMedication
- PrescribedMedicationForCancelRx
- RecertifiedMedication
- RecertifiedMedicationForDispensed
- RefillRequestDispensedMedication
- RefillResponseDispensedMedication
- RefillResponseReplacedMedication
- RequestedMedication
- ResupplyMedication
- ResupplyMedicationForDispensed
- RxChangePrescribedMedication
- RxFillIndicatorChangePrescribedMedication

In the RxFill message added annotation of “When Medication Prescribed Loop is not sent, Written date<br>must be sent. When sending Fill Status types of Dispensed or Partially Dispensed, the Medication<br>Dispensed segment must be sent. When sending Fill Status types Not Dispensed or Transferred, then the<br>Medications Prescribed or Medication Dispensed may be sent.”
Updated the annotation of specialty to “Specialty of prescriber to Health Care Provider Taxonomy Code http://www.wpc-edi.com/reference/” in the following:

- FollowUpPrescriber
- HistoryPrescriber
- MandatoryPrescriber
- OptionalPrescriber
- Prescriber
- PrescriberGeneral
- Provider
- Supervisor
- SupervisorMandatoryAddress
- SupervisorOptional

10.1.3 V20170713 Republication Modifications – May 2018
Updated the annotation for CoAgentQualifier value “33” to: A six-character numeric indicator that identifies a unique combination of active ingredients, irrespective of the manufacturer, package size, dosage form, route of administration, or strength.

Updated the annotation on NeedNoLaterThanDate to: For the facility to relay to the long-term care pharmacy the timeframe when medication is needed for delivery. When a facility transmits either a new medication order (NEWRX) or request for the re-supply of a medication (RESUPPLY) to a pharmacy, it would optionally indicate the time by which the medication is needed. The facility could also provide a textual reason why the medication is needed by the time specified.

The long-term care pharmacy would then use this information to determine whether a special delivery is required, or whether the order could go out with the next scheduled delivery.

Updated the annotations on the following REMS transactions as follows:

- REMSInitiationRequest: This transaction is a request to the REMS Administrator for the information required to submit a REMSRequest. It is a request for the information required to submit a REMS request for a specified patient and drug.
- REMSRequest: This transaction is a request to the REMS Administrator with information (answers to question set; clinical documents) to make a REMS determination (approved, denied, pended, etc.).

10.1.4 V20170714 Republication Modifications – July 2018

- Updated FillStatus/PartiallyDispensed to point to NoteTypeWithReasonCode21
- Updated annotations for ProductCoded and DrugDBCoded to remove the reference to If CompoundCoded = 2.
- Updated annotation on MessageRequestSubCode to: To further clarify the MessageRequestCode.

10.1.5 Typo in the V2017071 Schema MeasurementFrequencyUnits
A typo “MeasurementFrequencyUnits” has been found in the Version 2017071 SCRIPT Standard Schema. The correct element name is “MeasurementFrequencyUnits.” The SCRIPT Implementation
10.1.6 Version 2022011 through V2023071
- Removal of the value of 99 (Quantity Suspended from the QuantityCodeListQualifier
- Removal of trailing spaces from the value of CVX (Coding system for vaccines) in the CodedReferenceQualifier
- Renamed the element and corrected the link for the not used element of DiagnosisGeneral to Diagnosis in the ClinicalInfoRequest
- Corrected the link to SNOMEDCode for <Allergies><SeverityCoded>
- Added the link for the element <MedicationPrescribed><CompoundInformation> in PrescribedMedicationforPANotification.
- Corrected the conditionality in <PAndREMSPrescribedMedication><PADaysSupplyDosePerDay>

10.1.7 Version 2021071 through 2023071
- Correct issue with StatusType of “NotDispensed” to point to NoteTypeWithReasonCode7.
- Correct issue the element Value in Pronouns to “an”.

10.2 External Code List Clarifications

10.3 Implementation Guide Corrections

10.3.1 InjuryRelated
In V2019011 an editorial correction was made to add guidance for the use of the InjuryRelated element. For V2017071 through V2018071 the following should be followed:
InjuryRelated should be sent only when the prescription is related to Workers’ Compensation, auto or other third-party injury.

10.3.2 BenefitsCoordination Loops
V2017071 through 2019011 have had the number of loops modified from 3 to 4 in the Section: Inclusion of Patient Insurance Information

10.3.3 Version 2018041
Corrected the version number associated with the SCRIPT Standard Examples Guide

10.3.4 Version 2017071
The LOINC Code in the example for patient weight in Section: Observation Element of 8336-0 “Body weight [Percentile] Per age.” is not the most appropriate code and should be 29463-7 “body weight”.
The examples in Section: Grouping of Prescription Orders the examples show the V10.6 Refill elements instead of the V2017071 NumberOfRefills.

10.3.5 Version 2022011 through 2023071
• In section: Demographic and Contact Information for Pharmacy, Facility, Prescriber and Supervisor modified <Prescriber><Agent> to <PrescriberAgent>

10.4 XML Standard Modifications
11. SPECIFIC TRANSACTION DISCUSSION

11.1 **CANCELRx**

The cancel prescription request transaction is used to notify the pharmacy that a previously prescribed prescription should be canceled, and no additional product should be dispensed. The transaction is originated by the prescribing system as a Cancel Prescription Request Message (CancelRx).

The cancel prescription response transaction, initiated by the pharmacy system as a Cancel Prescription Response Message, is used to respond to the prescription cancellation request from the prescribing system.

It is assumed the prescribing and pharmacy systems will update the patient medication profiles with the details of the prescription cancel request and cancel response and that any additional product dispensing is canceled for that prescription.

Through trading partner agreement, if transmitting to external systems a prescription has been canceled and there is no need to confirm the discontinuation of dispensing, a CancelRxResponse does not need to be sent.

Pharmacy systems should ensure that filled but not dispensed prescriptions are reversed from third party payers prior to allowing the deactivating/canceling of prescription records according to applicable laws. Renewal requests should not be sent for canceled prescriptions.

11.1.1 Use Case For CancelRx

Prescriber or their agent issues a NewRx, RxRenewal Response or RxChange Response prescription but determines prescribed therapy was inappropriate or not needed and cancels the entire prescription.

**CANCELRx WORKFLOW**

1. Prescriber or their agent concludes there is a prescription need and conveys a prescription to the patient's pharmacy of choice.
2. Prescriber or their agent determines that the prescription is inappropriate or not needed.
3. Prescriber or their agent initiates a CancelRx Request message to the pharmacy to cancel the prescription.
4. Pharmacy receives the CancelRx Request and determines how to respond.
5. Prescribing system receives the CancelRx Response.

The table describes how pharmacies should respond in the following scenarios.
<table>
<thead>
<tr>
<th>High Level Scenarios</th>
<th>#</th>
<th>Detailed Scenarios</th>
<th>CancelRx Response</th>
<th>CancelRx Denial Reason Code v2017071</th>
<th>PriorDispensing¹⁴</th>
<th>Denied&gt;Pharmacy</th>
<th>DenialReason</th>
<th>Interpretation to Prescriber</th>
<th>Recommended Prescriber or Facility Follow-Up Action³</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rx Found &amp; Canceled</td>
<td>1</td>
<td>Active prescription found; no prior dispensing</td>
<td>Approved</td>
<td>N/A</td>
<td>NoPriorDispensing⁴</td>
<td>N/A</td>
<td>N/A</td>
<td>Rx canceled per request; Patient has not received product</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Active prescription found; prior dispensing has occurred</td>
<td>Approved</td>
<td>N/A</td>
<td>LastFillDate¹</td>
<td>N/A</td>
<td>N/A</td>
<td>Rx canceled per request; Patient has picked up some product</td>
<td>Contact Patient or Responsible Party</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Prescription found, but no longer active; prior dispensing has occurred</td>
<td>Approved</td>
<td>N/A</td>
<td>LastFillDate¹</td>
<td>N/A</td>
<td>N/A</td>
<td>Rx canceled per request; Patient has received some product</td>
<td>Contact Patient or Responsible Party</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Prescription found, but no longer active; no prior dispensing</td>
<td>Approved</td>
<td>N/A</td>
<td>NoPriorDispensing⁴</td>
<td>N/A</td>
<td>N/A</td>
<td>Rx canceled per request; Patient has not received product</td>
<td>Contact Patient or Responsible Party</td>
</tr>
<tr>
<td>Rx Not Found &amp; Not Canceled</td>
<td>5</td>
<td>Unable to match to a patient; Prescription NOT found</td>
<td>Denied</td>
<td>AA - Patient unknown to provider</td>
<td>Not sent</td>
<td>Not sent</td>
<td>Not sent</td>
<td>Rx not canceled per request; No matching Patient found</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Prescription NOT found</td>
<td>Denied</td>
<td>HI - Prescription not found. Contact Pharmacy by other means⁵</td>
<td>Not sent</td>
<td>Not sent</td>
<td>Not sent</td>
<td>Rx not canceled per request; No matching Rx found</td>
<td>Contact Pharmacy</td>
</tr>
<tr>
<td>Rx Transferred &amp; Not Canceled</td>
<td>7</td>
<td>Prescription found, but has been transferred to another pharmacy; prior dispensing has occurred at THIS pharmacy</td>
<td>Denied</td>
<td>AR – prescription has been transferred to another pharmacy</td>
<td>LastFillDate¹</td>
<td>Send</td>
<td>Not sent</td>
<td>Rx could not be canceled per request; Patient is found, but no matching Rx found</td>
<td>Contact Pharmacy</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>Prescription found, but has been transferred to another pharmacy; no prior dispensing at THIS pharmacy</td>
<td>Denied</td>
<td>AR – prescription has been transferred to</td>
<td>Not sent</td>
<td>Send</td>
<td>Not sent</td>
<td>Rx could not be canceled per request; No matching Rx found</td>
<td>Contact Pharmacy</td>
</tr>
<tr>
<td>High Level Scenarios</td>
<td>#</td>
<td>Detailed Scenarios</td>
<td>CancelRx Response</td>
<td>CancelRx Denial Reason Code v20170715</td>
<td>PriorDispensing(^1,4)</td>
<td>Denied&gt;Pharmacy</td>
<td>DenialReason</td>
<td>Interpretation to Prescriber</td>
<td>Recommended Prescriber or Facility Follow-Up Action(^6)</td>
</tr>
<tr>
<td>---------------------</td>
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<td>-------------</td>
<td>-----------------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>Prescription found, but has been transferred to another pharmacy (unable to send other pharmacy info electronically); prior dispensing has occurred at THIS pharmacy</td>
<td>Denied</td>
<td>AR – prescription has been transferred to another pharmacy</td>
<td>LastFillDate(^1)</td>
<td>Not sent</td>
<td>Not sent</td>
<td>Rx not completely canceled per request; Rx transferred to another pharmacy; Patient has picked up product from this pharmacy</td>
<td>Contact Patient or Responsible Party + Contact THIS Pharmacy</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>Prescription found, but has been transferred to another pharmacy (unable to send other pharmacy info electronically); no prior dispensing at THIS pharmacy</td>
<td>Denied</td>
<td>AR – prescription has been transferred to another pharmacy</td>
<td>Not sent</td>
<td>Not sent</td>
<td>Not sent</td>
<td>Rx not completely canceled per request; Rx transferred to another pharmacy; Patient has not picked up product from this pharmacy</td>
<td>Contact THIS Pharmacy</td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>Prescription found, but only one fill was transferred to another pharmacy; prior dispensing has occurred at THIS pharmacy</td>
<td>Denied</td>
<td>AR – prescription has been transferred to another pharmacy</td>
<td>LastFillDate(^1)</td>
<td>Send</td>
<td>Not sent</td>
<td>Rx canceled per request at THIS pharmacy; Rx transferred to another pharmacy; Patient has picked up product from THIS pharmacy</td>
<td>Contact Patient or Responsible Party + Contact OTHER Pharmacy</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>Prescription found, but only one fill was transferred to another pharmacy; no prior dispensing at THIS pharmacy</td>
<td>Denied</td>
<td>AR – prescription has been transferred to another pharmacy</td>
<td>Not sent</td>
<td>Send</td>
<td>Not sent</td>
<td>Rx canceled per request at THIS pharmacy; Rx transferred to another pharmacy; Patient has not picked up product from THIS pharmacy</td>
<td>Contact OTHER Pharmacy</td>
</tr>
<tr>
<td>High Level Scenarios</td>
<td>#</td>
<td>Detailed Scenarios</td>
<td>CancelRx Response</td>
<td>CancelRx Denial Reason Code v2017071a</td>
<td>PriorDispensing1,4</td>
<td>Denied&gt;Pharmacy</td>
<td>DenialReason</td>
<td>Interpretation to Prescriber</td>
<td>Recommended Prescriber or Facility Follow-Up Action³</td>
</tr>
<tr>
<td>---------------------</td>
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<td>----------------------------------</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>Prescription found, but only one fill was transferred to another pharmacy due to state regulations (unable to send other pharmacy info electronically); prior dispensing has occurred at THIS pharmacy</td>
<td>Denied</td>
<td>LastFillDate¹</td>
<td>Not sent</td>
<td>Rx canceled per request at THIS pharmacy; Rx transferred to another pharmacy; Patient has picked up product from THIS pharmacy</td>
<td>Contact Patient or Responsible Party + Contact OTHER Pharmacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>Prescription found, but only one fill was transferred to another pharmacy due to state regulations (unable to send other pharmacy info electronically); no prior dispensing at THIS pharmacy</td>
<td>Denied</td>
<td>AR – prescription has been transferred to another pharmacy</td>
<td>Not sent</td>
<td>Rx canceled per request at THIS pharmacy; Rx transferred to another pharmacy; Patient has not picked up product from THIS pharmacy</td>
<td>Contact OTHER Pharmacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>Any other reason why pharmacy cannot honor CANRX request</td>
<td>Denied</td>
<td>N/A – Unable to cancel prescription due to miscellaneous reason (must have free text reason in DenialReason)</td>
<td>Not sent</td>
<td>Rx not canceled per request due to [reason in &lt;Note&gt;].</td>
<td>Contact Pharmacy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Rx Not Canceled (Miscellaneous)
1 Date is representative of when medication left the dispensers possession. Prior to NCPDP SCRIPT Version 2021011, the last fill date is communicated in the <Note> element using the following text: Some or all of Rx received: mm/dd/yy.

2 Prescriber initiates CancelRx Request and notifies patient or responsible party to stop med administration.

3 Patient contact may depend on Dispense Date, if Dispense Info is sent.

4 Prior to NCPDP SCRIPT Version 2021011, to communicate there was not prior dispensing send the following text in the <Note> element: No prior dispensing.

5 Dependent on applicable ECL version in use.

6 Not all scenarios apply to LTPAC.
11.1.2 Best Practices CancelRx and CancelRxResponse

- Prescriber/prescribing systems should not send a CancelRx for a prescription that is expired according to federal or state regulations. If sent, CancelRxResponse should follow guidance for prescription found/not active in table above.
- CancelRx requests should be sent to the pharmacy only when a user action determines that a patient should not receive or continue to receive a specific unexpired prescription previously sent to the pharmacy.
  - For example, the DEA requires a Controlled Substance prescription be filled within 6 months from the date written, and most states limit the filling of non-controlled prescriptions to 1 year from the date written. The prescriber’s system should not automatically send a CancelRx message after the proper time period has elapsed.
  - As another example, if the prescription is for a 7-day antibiotic therapy, the prescriber’s system should not automatically send a CancelRx message after the 7-day period has elapsed.
- The prescriber should notify the patient or caregiver to inform them of the cancellation of a prescription.
  - The CancelRx is not intended to relieve the prescriber of the responsibility of notifying the patient or caregiver of the drug therapy change – it is only intended as a backup to prevent inadvertent therapy continuation or unintended resumption at a later date.
- Whenever the MessageID and PrescriberOrderNumber from the most current NewRx, RxRenewalResponse or RxChangeResponse is available, prescribing systems should include this information as the RelatesToMessageID and PrescriberOrderNumber in the CancelRx request, so the pharmacy is able to more easily identify the prescription to be canceled.
  - See the NCPDP XML Standard for guidance on using the <RelatesToMessageID>.
- CancelRx should not be faxed unless electronic means are not available.
- Pharmacies should always treat incoming CancelRx messages as a high priority.
- Pharmacies should respond to all CancelRx within two business days. Pharmacies should not delete a CancelRx message from a processing queue without a response being generated to the requesting system.
  - Pharmacy edits should be put in place to prevent the dispensing of a product to the patient even if a CancelRxResponse has not yet been sent.
  - For urgent situations, the prescriber may contact the pharmacy through another means to confirm the cancelation has been received.
- If the prescriber or their agent received a denial code indicating the prescription was transferred to a different pharmacy, the prescriber or their agent may be given the option to route the CancelRx message to the new pharmacy if it is known and supports the CancelRx message.
- Pharmacies should not send any Refill/RxRenewal Request messages for any Rxs that have been canceled.
- The CancelRx should contain the RxNorm and RxCUI in the <DrugCoded>. If the prescription number is available, it should be sent in the RxReferenceNumber.
• The following is recommended for the pharmacy to match the CancelRx to the original prescription:
  o A look up recommendation is RelatesToMessageID (RTMID), PrescriberOrderNumber (PON) and/or RxReferenceNumber, then validate with patient information and medication prescribed.
  o If RTMID, PON and/or RxReferenceNumber is not available, then match with Patient information and MedicationPrescribed Elements.
  o If available, further validation can be done with caution. While these elements can be used for matching, there are circumstances where they will not work (original prescription may be from a different EHR system and/or prescriber).
    ▪ Prescriber
    ▪ Supervisor
    ▪ PrescriberAgent

• The use of the ChangeOfPrescriptionStatusFlag is limited to the Long Term and Post-Acute Care settings.
• For LTPAC, the LONG-TERM CARE (LTC) MEDICATION CHANGE PROCESS as defined in the SCRIPT Standard Implementation Guide requires that a CancelRx is followed by a NewRx if updates to the medication are needed.

11.1.3 Original Prescriber only Allowed TO SEND the Cancel Request?

Question:
Is only the original prescribing doctor allowed to send the Cancel Request?

Response:
A prescriber who has assumed responsibility for the patient’s care may potentially cancel any prescription. It remains up to the pharmacy to determine if sufficient information is provided to identify the appropriate prescription.

The CancelRx must contain pertinent information for the pharmacy to be able to find the prescription in their system.

11.1.4 Medication Prescribed Notes

Question: On a CancelRx, should the <MedicationPrescribed><Note> contain the <Note> from the original authorized prescription (ex: NewRx) or should it represent a cancel note from the prescriber to the pharmacy?

Response: The MedicationPrescribed should contain all the same information from the original prescribed prescription.

11.1.5 WrittenDate Population on CancelRxResponse
**Question:** In the CancelRx, should the WrittenDate be populated with the date the cancel request was initiated or with the WrittenDate from the original NewRx, RxRenewal Response or RxChange Response prescription?

**Response:** The CancelRx WrittenDate should be populated with the same date from the original NewRx, RxRenewal Response or RxChange Response prescription. This will allow the pharmacy to match the cancel prescription request to the original prescription if they are not able to match on other identifying information.

11.1.6 CancelRx workflow related to non-electronic responses for RxChange and RxRenewal

**Question:** Is it appropriate to send a Cancel Rx if the RxChangeRequest or RxRenewalRequest has been responded to in a non-electronic format?

**Response:** No, a CancelRx should not be sent. Sending a CancelRx Request may cause the generated (RxRenewal) or updated/changed (RxChange) prescription to be systematically cancelled.

- If the RxChangeRequest or RxRenewalRequest is still with the prescriber (no response has been sent): When the RxChangeRequest or RxRenewalRequest is resolved/responded to via non-electronic communication channels (e.g., phone call), the prescriber should send a RxChangeResponse or a RxRenewalResponse with <Denied> Response Type and the ReasonCode value of “AP” – Request was or will be responded to by other means (e.g., phone or fax).

- If the RxChangeResponse has been sent by the prescriber and additional clarification is needed: A pharmacy may process under the original Message ID & Prescriber Order Number but manually make changes/notations to the prescription as approved by the prescriber through non-electronic means (e.g., phone call).

A CancelRx should only be sent when determination has been made that a patient should no longer receive or continue a specific prescription therapy and that communication has not been otherwise directed to the pharmacy.

11.1.7 How to convey receiving pharmacy information when a CancelRx is received for a transferred prescription

**Question:** If I receive a cancel request and the prescription has been transferred to another store, how should I convey the receiving pharmacy’s information in the denied response?
Response: If all mandatory elements in the pharmacy segment are available, it is recommended to send the pharmacy segment as part of the denial reason. If all mandatory elements in the pharmacy segment are NOT available, it is recommended to send the available pharmacy details in the denial reason element of the denied response type.
11.2 **RENEWAL REQUEST**

11.3 **RENEWAL RESPONSE**

11.3.1 RefillResponse with Drug Name Different

**Question:**
A prescriber vendor is sending a "Denied, new prescription to follow" on a Refill Response due to the prescriber's drug name being different than the pharmacy's drug name. The prescriber is not making any changes on the Refill Response; the prescriber's intent is to approve the Refill Request. Is it appropriate for the prescriber to send a "Denied, new prescription to follow", or should the prescriber be sending an "Approved" response?

**For example:**
- Prescriber drug name: simvastatin (aka Zocor) 20 mg tablet oral
- Pharmacy drug name: simvastatin 20mg tablet

**Response:**
The response is “Approved” as the **medication intent is the same** in this example. The SCRIPT Implementation Guide indicates this difference in drug name is a difference in form, not meaning.

See the recommendations in section “Recommendations for Consistent Use of Drug Identification Fields Used in SCRIPT Transactions” of this document.

The system should leverage the RxNorm code in the transaction and not key on a textual field. It is noted that established code sets may support synonym descriptions. The Prescriber Order Number is used to tie back.

See also enhancements to RxRenewalResponse in SCRIPT 2014+.

11.3.2 What elements can be changed in a response of <Approved> or <ApprovedWithChange>

**Question:**
What elements of a RxRenewalResponse can be changed from the RxRenewalRequest in a response of <Approved> or <ApprovedWithChange>?

**Response:**
See Section: Clarification of Response Type of the SCRIPT Standard Implementation Guide for details.

11.4 **RXCHANGE**

The RxChange Request message is originated by the pharmacy. This message is used to request a change to a prescription and may be used when a pharmacy identifies a need to make a change to a prescription/order in progress or being dispensed (hereafter referred to as the original prescription), regardless of how the prescription was received.
An RxChange Response message is used to respond to an RxChange Request message. The MessageRequestCode values available in the standard for RxChange are Therapeutic Interchange (T), Generic Substitution (G), Prior Authorization (P), Drug Use Evaluation (D), Script Clarification (S), Out of Stock (OS), and Prescriber Authorization (U).

Use cases are described below, along with how to populate the pertinent fields. These use cases are for example only; professional judgement should be exercised to ensure compliance with prevailing laws and regulations.

Approved, ApprovedWithChanges and Validated response types indicate a new prescription for all use cases except Prior Authorization. If the RxChange Response is denied due to matching issues, the pharmacy should reach out via non-electronic means to verify the change being requested. If the prescriber indicates that the change should not be made on the RxChange Response, then the original fillable message should be dispensed as it was initially sent. If the prescriber or end user wishes to cancel the entire prescription, the RxChange should be responded to with a Denied, and then a CancelRx should immediately be sent to cancel the prescription.

The ChangeReasonText field should be used to indicate why the change request is being initiated; for product specific information, the <Note> field within the MedicationRequested is to be used. When the pharmacy does not have alternative product options populated in MedicationRequested, the ChangeReasonText should be used to advise the prescriber that an alternative product is desired and the reason for the request.

If the original prescription was received electronically, the RelatesToMessageID must be the MessageID of the prescription. Additionally, if it included the PrescriberOrderNumber, it must be sent in the request, too. If the prescription was enumerated (given a number), the pharmacy will include the RxReferenceNumber of the prescription in the change request.

### 11.4.1 Populating RxChangeRequest Medication Elements

For all use cases of RxChangeRequest, the MedicationPrescribed elements should echo back the pharmacist’s interpretation of the product as it was sent in the original prescription.

When the MedicationRequested elements are populated, there should always be a discrete change in them when compared to the MedicationPrescribed elements. For example, when an RxChange Request for a 30-to-90-day supply change is sent, the MedicationPrescribed elements should reflect what was sent in the original prescription, and the MedicationRequested Quantity and DaysSupply elements should be updated to reflect the supply change being requested.

The MedicationRequested elements should not be sent in either the Prescriber Authorization or Prior Authorization request.

### 11.4.2 RxChangeResponse Workflow by Response Type

For MessageRequestCode values G, T, S, OS and D, the workflow for responding and the response types to use are the same. Approved, ApprovedWithChanges and Denied are the only allowable response types for these MessageRequestCode values.

1) Prescriber receives RxChange Request – possible responses:
• **Approved** (no changes to the requested prescription) Note: Optional fields do not need to be returned, such as days supply. Representative NDC may change due to differences in compendia if it refers to the same product.
  
i) The prescriber may only send the Approved response type if the prescriber selects one of the MedicationRequested products and all information in MedicationRequested is approved by the prescriber.
  
ii) Approved response type is an indication to the pharmacy to discontinue dispensing, and cancel the original prescription, and to begin dispensing the new prescription as included in the RxChange Response.
  
iii) When the prescriber responds with Approved, the prescriber must send the Medication Prescribed for one of the products requested by the pharmacy.
  
iv) If the prescriber selects one of the MedicationRequested product but wishes to change one of the requested element values (e.g., Directions from “take one tablet every day” to “take two tablets every day”), the prescriber should instead specify ApprovedWithChanges response type (see below).

• **ApprovedWithChanges** (anything can be changed in the prescription. The intended patient must remain the same.)
  
i) The prescriber should send ApprovedWithChanges response type if the prescriber wishes to approve the change request, and wishes to:
    
    • Prescribe a product that differs from any of the MedicationRequested products.
    
    • Select one of the MedicationRequested products AND change one of the requested element values (e.g., Directions from take one tablet every day to take two tablets every day).
    
    • Prescribe the recommended product and needs to supply any of the other MedicationRequested elements, such as quantity or dosing that were not in the request.
  
ii) ApprovedWithChanges response type is an indication to the pharmacy to discontinue dispensing and cancel the prescription in process and to begin dispensing the new prescription included in the RxChange Response.
  
iii) ApprovedWithChanges is not to be used when one of the MedicationRequested segments is selected and none of the fields are changed or added. Instead, use Approved response type as described above.

• **Denied**
  
i) Denied is an indication to the pharmacy to not make a change and to continue dispensing the prescription, unless otherwise notified (via CancelRx or other means)
  
ii) On a Denied response, no product information is required.
  
iii) A DenialReason or ReasonCode explaining the denial is required.
  
iv) A Denied response does not cancel the prescription. If the prescriber wishes to cancel the prescription, a CancelRx transaction should be sent. If a CancelRx transaction cannot be sent, then the prescriber should follow up with the pharmacy.

2). Prescriber sends back response.
• Appropriate response (Approved, ApprovedWithChanges, Denied) type is sent
• The RelatesToMessageID must be set to the MessageID of the RxChange Request.

The table below describes high level scenarios for how prescribing systems should respond to RxChange Requests:

1. Rx Found and Change Approved (MessageRequestCode G, T, S, D and OS)
2. Rx Found and Change Approved (MessageRequestCode P)
3. Rx Found and Change AWC (MessageRequestCode G, T, S, D and OS)
4. Rx Found and Change Validated (MessageRequestCode U)
5. Rx Found and Change Denied (MessageRequestCode G, T, S, D and OS)
6. Rx Found and Change Denied (MessageRequestCode P)
7. Rx Found and Change Denied (MessageRequestCode U)
8. Rx Found, Change Denied - Response Already Provided
9. Rx Found, Change Denied, Cancel to Follow
10. Patient Not Found
11. Rx Not Found

<table>
<thead>
<tr>
<th>High Level Scenario</th>
<th>#</th>
<th>RxChange Response</th>
<th>RxChange Response Reason Code</th>
<th>DenialReason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rx Found and Change Approved (MessageRequestCode G, T, S, D and OS)</td>
<td>1</td>
<td>Approved</td>
<td>N/A</td>
<td>Approved response for MessageRequestCode G, T, S, D and OS should be treated as a new fillable prescription.</td>
</tr>
<tr>
<td>Rx Found and Change Approved (MessageRequestCode P)</td>
<td>2</td>
<td>Approved</td>
<td>N/A</td>
<td>Approved response for MessageRequestCode P should NOT be treated as a new fillable prescription.</td>
</tr>
<tr>
<td>Rx Found and Change ApprovedWithChanges (MessageRequestCode G, T, S, D and OS)</td>
<td>3</td>
<td>ApprovedWithChanges</td>
<td>N/A</td>
<td>ApprovedWithChanges response for MessageRequestCode G, T, S, D and OS should be treated as a new fillable prescription.</td>
</tr>
<tr>
<td>Rx Found and Change Validated (MessageRequestCode U)</td>
<td>4</td>
<td>Validated</td>
<td>N/A</td>
<td>Validated responses should be treated as a new fillable prescription.</td>
</tr>
<tr>
<td>Rx Found and Change Denied (MessageRequestCode G, T, S, D and OS)</td>
<td>5</td>
<td>Denied</td>
<td>Denied</td>
<td>AE – Medication never prescribed for the patient. AF – Patient should be treated as a new fillable prescription. Continue dispensing as originally prescribed.</td>
</tr>
<tr>
<td>High Level Scenario</td>
<td>RxChange Response</td>
<td>RxChange Response Reason Code</td>
<td>DenialReason</td>
<td>Workflow Considerations</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>-------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Rx Found and Change Denied (MessageRequestCode U)</td>
<td>6</td>
<td></td>
<td>AO - No attempt will be made to obtain Prior Authorization.</td>
<td>Continue dispensing as originally prescribed.</td>
</tr>
<tr>
<td>Rx Found and Change Denied (MessageRequestCode P)</td>
<td>7</td>
<td>Denied</td>
<td>No Information Available</td>
<td></td>
</tr>
<tr>
<td>Rx Found and Response Already Provided</td>
<td>8</td>
<td>Denied</td>
<td>AP - Request was or will be responded to by other means (e.g., phone or fax).</td>
<td>Note: request responded to on x date? Not sure how systematically information could be populated. A duplicate request you</td>
</tr>
</tbody>
</table>
## RxChange Response Details

<table>
<thead>
<tr>
<th>High Level Scenario</th>
<th>RxChange Response</th>
<th>RxChange Reason Code</th>
<th>Denial Reason Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rx Found, Change Denied, Rx Cancelled</td>
<td>9 Denied</td>
<td>N/A</td>
<td>Change denied. Cancel to follow.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>A CancelRx should immediately follow the Denied response.</td>
</tr>
<tr>
<td>Patient NOT Found</td>
<td>10 Denied</td>
<td>AA - Patient unknown to provider</td>
<td>Patient cannot be found.</td>
</tr>
<tr>
<td>Rx NOT Found</td>
<td>11 Denied</td>
<td>AE – Medication never prescribed for patient</td>
<td>Order cannot be found.</td>
</tr>
</tbody>
</table>

### 11.4.3 THERAPEUTIC INTERCHANGE USE CASES (MessageRequestCode = T)

#### 11.4.3.1 USE CASE #1: FORMULARY COMPLIANCE CHANGE TO AN ON FORMULARY OR PREFERRED PRODUCT

When the pharmacy receives a claim reject (or even paid) message which identifies preferred alternative products, the pharmacy can send an RxChange Request – Therapeutic Interchange type, to the prescriber requesting a switch to one of the preferred products.

- MessageRequestCode = T
- At least one loop of MedicationRequested should be populated with the recommended alternative(s), if provided by the claim rejection.

#### 11.4.3.2 USE CASE #2: DAYS SUPPLY CHANGE FROM 30 DAYS TO 90 DAYS SUPPLY

When the pharmacy receives a prescription indicating a 30-day supply, but the patient or payer prefers a 90-day supply, the pharmacy can send an RxChange Request – Therapeutic Interchange type to the prescriber requesting a switch to a 90-day supply.

- MessageRequestCode = T
- At least one loop of MedicationRequested must be populated with the new Quantity and DaysSupply.
11.4.3.3 **USE CASE #3: THERAPY CHANGE – DAILY DOSE ALTERNATIVE**

When the pharmacy receives a prescription for a one 10 MG Tablet twice a day, but the patient prefers to take one 20 MG tablet once a day, the pharmacy can send an RxChange Request – Therapeutic Interchange type to the prescriber requesting a switch to one 20 MG Tablet once a day.

- **MessageRequestCode** = T
- At least one loop of MedicationRequested must be populated with the requested product change.

11.4.3.4 **THERAPEUTIC INTERCHANGE WORKFLOW**

1) The Pharmacist determines that one of the following applies: Formulary Compliance Change to an On-Formulary or Preferred Product, Days Supply from 30 Days to 90 Days Supply, or Therapy Change – Daily Dose Alternative, and wishes to request a change to the prescription.

2) RxChange Request is sent for Therapeutic Interchange.

   - **MessageRequestCode** = T
   - MedicationRequested from the prescription is sent.

3) Refer to appropriate Use Case for data element usage.

4) Refer to Section: RxChangeResponse Workflow by Response Type

11.4.4 **GENERIC AND INTERCHANGEABLE SUBSTITUTION USE CASES**

(***MessageRequestCode** = G)

11.4.4.1 **USE CASE #1: SWITCHING FROM BRAND TO GENERIC OR INTERCHANGEABLE BIOLOGIC OR BIOSIMILAR**

When the pharmacy receives a prescription for which a substitution is not allowed by prescriber or regulations (e.g., non A rated generic in an FDA Orange Book State), but an alternative is available, the pharmacy can send an RxChange Request – Generic Substitution type to the prescriber requesting that the alternative be allowed to be dispensed.

- **MessageRequestCode** = G
- At least one loop of MedicationRequested must be populated with a recommended alternative.

11.4.4.2 **USE CASE #2: NEW GENERIC OR BIOLOGIC/BIOSIMILAR PRODUCT AVAILABLE OR FORMULARY STATUS CHANGE**

The prescription was written for a product with no legally substitutable or interchangeable biologic/biosimilar alternatives. After the prescription was written, a new generic or biologic/biosimilar becomes available or a formulary change occurs; in this case the pharmacy can send an RxChange Request – Generic Substitution type to the prescriber, requesting that the alternative be allowed to be dispensed.

- **MessageRequestCode** = G
- At least one loop of MedicationRequested must be populated with a recommended alternative.

11.4.4.3 **USE CASE #3: DISPENSE AS WRITTEN (DAW)**

The prescription was written for a multi-source product and the prescriber indicated substitution is not allowed. The pharmacy can send an RxChange Request – Generic
Substitution type to the prescriber requesting the generic be allowed to be dispensed when the brand is not covered by the payer, the payer returns an exceptionally high patient financial responsibility and the patient requests the generic, or the prescribed product is unavailable.

- MessageRequestCode = G
- At least one loop of MedicationRequested must be populated with a recommended alternative.

**11.4.4.4 Generic and Interchangeable Substitution Workflow**

1) Pharmacist/Pharmacy application determines there is a substitutable product or biologic/biosimilar alternative available. If the prescription allows substitution then the pharmacy may be able to change to an alternative product without sending this message, depending upon the substitution laws in the pharmacy’s state location. If the prescription was marked as “substitution not allowed”, then an RxChange Request – Generic Substitution type is sent.

2) RxChange Request is sent for Generic or Interchangeable Substitution

- MessageRequestCode = G
- MedicationRequested from the prescription is sent.
- The requested generic or interchangeable products are sent by the pharmacist in MedicationRequested elements.

**11.4.5 Drug Use Evaluation (MessageRequestCode = D)**

When the pharmacy and/or payer detects a Drug Utilization Review concern related to the written product, the pharmacy can send an RxChange Request – Drug Use Evaluation type to the prescriber requesting a switch to an alternative product that will treat the condition with less severe, fewer, or no likely interactions or adverse effects.

The DrugUseEvaluation elements must be sent when the MessageRequestCode value of D is used. The DrugUseEvaluation elements should not be sent for any MessageRequestCode value other than D. Possible concerns include allergies, side effects, dose alerts, product interactions, and product-disease state interactions. The elements ServiceReasonCode, ProfessionalServiceCode and ServiceResultCode reference data elements from the NCPDP Data Dictionary.

**11.4.5.1 Use Case #1: High Dose Evaluation**

A pharmacy identifies a product dose that falls above the standard dosing range. The pharmacy can send an RxChange Request for Drug Use Evaluation to request the prescriber perform a product utilization review.

The following table represents the elements that should be sent for a High Dose Evaluation:

<table>
<thead>
<tr>
<th>Element</th>
<th>Value</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>ServiceReasonCode</td>
<td>HD</td>
<td>High Dose</td>
</tr>
<tr>
<td>ProfessionalServiceCode</td>
<td>DP</td>
<td>Dosing Evaluation</td>
</tr>
<tr>
<td>ServiceResultCode</td>
<td>2A</td>
<td>Prescription Not Dispensed</td>
</tr>
<tr>
<td>CoAgentID</td>
<td>[NDC11] or [RxNormCode]</td>
<td>Representative NDC or RxNorm Code for related drug</td>
</tr>
<tr>
<td>CoAgentIDQualifier</td>
<td>03, 38, 39, 40, or 41</td>
<td>NDC qualifier or appropriate RxNorm Code qualifier</td>
</tr>
<tr>
<td>--------------------</td>
<td>----------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>CoAgentCodeDescription</td>
<td>xxxx</td>
<td>Textual representation of the CoAgentID</td>
</tr>
<tr>
<td>ClinicalSignificanceCode</td>
<td>2</td>
<td>Moderate</td>
</tr>
<tr>
<td>AcknowledgementReason</td>
<td>[free text]</td>
<td>Required if ProfessionalServiceCode = “ZZ”, otherwise may contain pharmacy’s additional free text explanation</td>
</tr>
</tbody>
</table>

### 11.4.5.2 Drug Use Evaluation Workflow

1) Pharmacy determines a Drug Use Evaluation is necessary
2) RxChange Request is sent for Drug Use Evaluation
   - MessageRequestCode = D
   - MedicationPrescribed from the prescription is sent.
   - At least one loop of MedicationRequested must be populated. It should contain the prescribed product.
   - DrugUseEvaluation must be sent in the MedicationRequested segment to document further explanation, conflict, or clarification of services related to product use evaluation. ServiceReasonCode is mandatory when DrugUseEvaluation is sent.
   - Use the `<Note>` of each MedicationRequested segment to indicate DUR event.
   - AcknowledgementReason is required when the ProfessionalServiceCode value of ZZ is used

### 11.4.6 Script Clarification (MessageRequestCode = S)

When the pharmacy is unsure of the prescriber’s intent, e.g., Prozac weekly once a day for 200 MG versus 20 MG, which could be an error, the pharmacy can send an RxChange – Script Clarification type to the prescriber requesting clarification.

- MessageRequestCode = S
- Use the MedicationRequested segment to indicate what the pharmacy thought the prescriber intended.
- Use `<Note>` the MedicationRequested segment to indicate prescription clarification is needed

#### 11.4.6.1 Use Case #1: Quantity Clarification

The prescription was written for a product with a quantity value that does not match what was sent in the sig text. The pharmacy can send an RxChange Request for Script Clarification to request confirmation of the quantity on the prescription.

#### 11.4.6.2 Use Case #2: Dosage Form Clarification

The prescription was written for a product formulation that the patient does not typically receive. For example, patient receives ‘Extended Release’ capsules instead of ‘Immediate Release’ and the pharmacy would like to verify the prescriber’s intent.
11.4.6.3  **SCRIPT CLARIFICATION WORKFLOW**
1) Pharmacy determines a clarification of the prescription is necessary
2) RxChange Request is sent for Script Clarification
   • MessageRequestCode = S
   • MedicationPrescribed from the prescription is sent.
   • At least one loop of MedicationRequested should be populated. It should contain either the prescribed product or the recommended alternative(s).
   • Use the <Note> of each MedicationRequested segment to indicate where clarification is needed

11.4.7  **OUT OF STOCK (MessageRequestCode = OS)**
When the pharmacy is unsure of the prescriber’s intent, e.g., Prozac weekly once a day for 200 MG versus 20 MG, which could be an error, the pharmacy can send an RxChange – Script Clarification type to the prescriber requesting clarification.
   • MessageRequestCode = OS
   • If an alternative product cannot be provided in the MedicationRequested elements, the ChangeReasonText should be populated to indicate that

11.4.7.1  **USE CASE #1: PRODUCT BACKORDERED**
The prescription was written for a product is not in stock and is on back order. The pharmacy is aware of alternative products that are in stock that can be used instead. The pharmacy can send an RxChange Request for Out of Stock to request an alternative product be prescribed.
   • MessageRequestCode = OS
   • MedicationPrescribed from the prescription is sent.
   • ChangeReasonText should indicate that the prescriber needs to evaluate the prescription for an alternative therapy.
   • MedicationRequested elements should be used to provide alternative product option.

11.4.7.2  **USE CASE #2: PRODUCT BACKORDERED**
The prescription was written for a product is not in stock and is on back order. The pharmacy does not have sufficient information to provide an alternative product recommendation. The pharmacy can send an RxChange Request for Out of Stock to request an alternative product be prescribed.
   • MessageRequestCode = OS
   • MedicationPrescribed from the prescription is sent.
   • ChangeReasonText should indicate the reason for which the prescriber needs to consider an alternative therapy.

11.4.7.3  **OUT OF STOCK WORKFLOW**
1) The Pharmacist determines that prescribed product is not in stock.
2) RxChange Request is sent for Out of Stock.
   • MessageRequestCode = OS
   • MedicationPrescribed from the prescription is sent.
3) If an alternative product cannot be provided in the MedicationRequested elements, the ChangeReasonText should be populated to the reason for the request for the prescriber to consider an alternative therapy.

4) If alternative products can be provided, they should be sent in the MedicationRequested elements

### 11.4.8  PRESCRIBER AUTHORIZATION (MessageRequestCode = U)

When the pharmacy determines additional information about the prescribers’ credentials or their prescriptive authority, the pharmacy can request an RxChange for Prescriber Authorization.

- **MessageRequestCode = U**
- The MessageRequestSubCode is required to further clarify the information needed by the pharmacy
- At least one MessageRequestSubCode must be sent. The MessageRequestCode and MessageRequestSubCodes sent on the RxChangeRequest must be echoed back in the RxChangeResponse. For each MessageRequestSubCode sent, the corresponding ResponseReasonCode should also be sent in the Validated response.
- Validated and Denied are the only response types for type U
- MessageRequestSubCode values H and J should not be used together in the same RxChangeRequest since only one field is allowed in the Validated response type.
- If all MessageRequestSubCode values cannot be validated, the response should be Denied.
- The table below illustrates what MessageRequestSubCodes and ResponseReasonCodes should be used together and what information is requested by the pharmacy to be sent in the response

<table>
<thead>
<tr>
<th>Message Request SubCode</th>
<th>Message Request SubCode Description</th>
<th>Response Reason Code</th>
<th>Applicable ResponseReasonCode Description</th>
<th>Additional Fields to be populated</th>
<th>Specific tag to populate</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Prescriber must confirm their State license status</td>
<td>GM</td>
<td>Active Registration Status</td>
<td>Identification</td>
<td>&lt;StateLicenseNumber&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GN</td>
<td>In-Active License with prescriptive authority based on state/federal regulations</td>
<td>Identification</td>
<td>&lt;StateLicenseNumber&gt;</td>
</tr>
<tr>
<td>B</td>
<td>Prescriber must confirm their DEA license status in prescribing state</td>
<td>GM</td>
<td>Active Registration Status</td>
<td>Identification</td>
<td>&lt;DEANumber&gt;</td>
</tr>
<tr>
<td>C</td>
<td>Prescriber must confirm their DEA registration by DEA class</td>
<td>GP</td>
<td>Active with Prescriptive Authority – prescribed product class</td>
<td>Identification</td>
<td>&lt;DEANumber&gt;</td>
</tr>
<tr>
<td>D</td>
<td>Prescriber must confirm their State Controlled Substance Registration license status</td>
<td>GM</td>
<td>Active Registration Status</td>
<td>Identification</td>
<td>&lt;StateControlSubstanceNumber&gt;</td>
</tr>
<tr>
<td>E</td>
<td>Prescriber must confirm their registration by State Controlled Substance Registration class</td>
<td>GP</td>
<td>Active with Prescriptive Authority – prescribed product class</td>
<td>Identification</td>
<td>&lt;StateControlSubstanceNumber&gt;</td>
</tr>
<tr>
<td>Message Request SubCode</td>
<td>Message Request SubCode Description</td>
<td>Response Reason Code</td>
<td>Applicable Reason Code Description</td>
<td>Additional Fields to be populated</td>
<td>Specific tag to populate</td>
</tr>
<tr>
<td>------------------------</td>
<td>------------------------------------</td>
<td>----------------------</td>
<td>------------------------------------</td>
<td>----------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>F</td>
<td>Prescriber must confirm their NADEAN license status</td>
<td>GM</td>
<td>Active Registration Status</td>
<td>Identification</td>
<td>&lt;Data2000WaiverID&gt;</td>
</tr>
<tr>
<td>G</td>
<td>Prescriber must obtain/validate Type1 NPI</td>
<td>GM</td>
<td>Active Registration Status</td>
<td>Identification</td>
<td>&lt;NPI&gt;</td>
</tr>
<tr>
<td>H</td>
<td>Prescriber must enroll/re-enroll with prescription benefit plan</td>
<td>GT</td>
<td>Enrolled/Re-Enrolled</td>
<td>Effective Date</td>
<td>&lt;Date&gt;</td>
</tr>
<tr>
<td>I</td>
<td>Prescriber must confirm prescriptive authority criteria for prescribed medication is met</td>
<td>GQ</td>
<td>Active with Prescriptive Authority – Prescriber Type</td>
<td>Taxonomy Code</td>
<td>&lt;Specialty&gt;</td>
</tr>
<tr>
<td>J</td>
<td>Prescriber must enroll/re-enroll in REMS</td>
<td>GT</td>
<td>Enrolled/Re-Enrolled</td>
<td>Effective Date</td>
<td>&lt;Date&gt;</td>
</tr>
<tr>
<td>L</td>
<td>Prescriber must obtain/validate their supervising prescriber</td>
<td>GR</td>
<td>Active with Prescriptive Authority – Supervising Prescriber Type</td>
<td>Supervisor</td>
<td>&lt;Supervisor&gt;</td>
</tr>
<tr>
<td>M</td>
<td>Prescriber must confirm their Certificate to Prescribe Number status</td>
<td>GM</td>
<td>Active Registration Status</td>
<td>Identification</td>
<td>&lt;CertificateToPrescribe&gt;</td>
</tr>
</tbody>
</table>

**NOTE:** Prescriptive authority criteria – acting in the usual course of their professional scope of practice.

**11.4.8.1 PRESCRIBER AUTHORIZATION WORKFLOW**

1) Pharmacist determines prescriber credentials need to be validated or additional information is required for the prescription.

2) RxChange Request is sent for Prescriber Authorization.
   - **MessageRequestCode = U**
   - **MedicationPrescribed from the prescription is sent.**

3) Prescriber sends back response:
   - **Validated**
     - The requested information has been confirmed and provided in the Validated elements of the RxChange Response.
     - The MedicationPrescribed segment must be returned in the RxChange Response and no changes should be made to the MedicationPrescribed segment.
   - **Denied**
     - On a Denied response, no product information is required.
     - A DenialReason or ReasonCode explaining the denial is required.

4) Prescriber or representative sends back response.
   - **Appropriate response type is sent.**
   - The RelatesToMessageID must be the MessageID of the RxChange Request, if available.
11.4.9 PRIOR AUTHORIZATION (MessageRequestCode = P)
When a Prior Authorization is required, the pharmacy can request the prescriber request a Prior Authorization from the payer.
  • MessageRequestCode> = P

11.4.9.1 PRIOR AUTHORIZATION WORKFLOW
1) A PBM or payor requires a Prior Authorization for the prescription to be covered.
2) An RxChangeRequest is sent for a Prior Authorization.
  • MessageRequestCode = P
    i) If the prescription was received electronically, the RelatesToMessageID must be the MessageID of that prescription.
    ii) If the prescription was received electronically and included the PrescriberOrderNumber, it must be sent on the RxChangeRequest.
    iii) If the prescription was enumerated, the pharmacy should send the RxReferenceNumber for that prescription.
    iv) If the prescription was received electronically and included the BenefitsCoordination information, it must be sent on the RxChangeRequest.
3) The BenefitsCoordination information is sent to identify the payer or the benefits administrator.
4) Prescriber or representative receives request – possible responses:
  • Approved
    o The prescriber or representative has obtained prior authorization from the Payer for this product.
    o The MedicationPrescribed segment is returned in the RxChangeResponse.
    o If a prior authorization number is provided by the payer, this number should be included in the MedicationPrescribed segment in the Value element under PriorAuthorization.
  • Denied (Payer Contacted)
    o The prescriber or representative contacted the payer, but the payer denied the request.
  • Denied (Payer not Contacted)
    o DenialReasonCode No attempt will be made by the prescriber or representative to obtain a Prior Authorization. This is an existing code (AO) in the NCPDP External Code List.
  • Denied
    o On a Denied response, no product information is required.
    o A DenialReason or ReasonCode explaining the denial is required.
    o The prescription remains valid.
5) Prescriber or representative sends back the response.
  • Appropriate response type is sent.
  • The RelatesToMessageID must be the MessageID of the RxChangeRequest, if available.
11.4.10 RXCHANGE BEST PRACTICES

1) The MedicationRequested <Note> field is intended to allow for information on the product in that loop. The ChangeReasonText should be used for notes that apply to the entire message.

2) For all RxChange use cases, except for Prior Authorization, an affirmative response replaces the original prescription. The prescriber should create a new PrescriberOrderNumber; the old one relating to the initial prescription becomes inactive. If the RxChangeRequest for Prior Authorization is approved, the original PrescriberOrderNumber should still be used.

3) Even though the MedicationRequested segment is optional, it should be sent to when there are known alternatives.

4) A pharmacy may send an RxChangeRequest for controlled substances (EPCS) regardless of whether the prescriber or pharmacy is EPCS enabled. Except for the Prior Authorization use case, approvals received by prescribers not EPCS enabled should be denied electronically (response type "Denied") and an indication in the free text field that a replacement (non-EPCS) prescription will follow. If the prescriber is EPCS enabled or the RxChangeResponse is for a Prior Authorization approval, they can approve the change request. Except for the Prior Authorization use case, an approval automatically should replace the original prescription because the approved change becomes the authorized prescription replacement and a CancelRx must NOT be sent.

5) If a pharmacy dispenses the original prescription following the submission of an RxChangeRequest and before the prescriber responds with an RxChangeResponse of Approved, the pharmacy records would be inconsistent with the prescriber’s records. The pharmacy should use traditional means to contact the prescriber to ensure consistency of records, to determine the future therapy, and any necessary patient communication.

6) For all MessageRequestCode values other than Prior Authorization:
   a) If the prescriber approves the change request, the change response should be treated just like a new prescription.
   b) In a change response, only the patient name must be the same. All other elements of the prescription can be changed.
   c) The pharmacy system should process the response data to capture all the necessary information the prescriber sent.

7) If the prescribing system is unable to match the RxChangeRequest to an order in their system, they should respond Denied only after exhausting all other matching methods (e.g., trace numbers, patient name, drug name, etc.)

11.4.10.1 PRIOR AUTHORIZATION SPECIFIC BEST PRACTICES

1) An ApprovedWithChanges Response should not be used for Prior Authorization request; it has been removed in a future version of SCRIPT.

2) When sending a change request for a Prior Authorization, the BenefitsCoordination should be included so the prescriber or representative knows which payer required a Prior Authorization. The payer details not available in BenefitsCoordination may be included in the <Note> field. For all other change request types, we recommend the BenefitsCoordination be included so the prescriber knows which payer determined coverage/pricing.
11.4.11 RxChange Frequently Asked Questions

Added: 08/23

11.4.11.1 **ON A RXCHANGEREQUEST, IS THE CHANGEREASONTEXT FIELD REQUIRED?**

Added: 08/23

The RxChangeRequest initiator must make it clear what the request is asking for. For MessageRequestCode P and U, the intent is conveyed through the MessageRequestCode and other fields such as ChangeReasonText are not necessary to convey intent. For product specific information, the Note field within the MedicationRequested is to be used. When the pharmacy does not have alternative product options populated in MedicationRequested, the ChangeReasonText must be used to advise the prescriber that an alternative product is desired and the reason for the request.
12. RXFILL RECOMMENDATIONS

The following are recommendations for RxFill transactions and workflow in the ambulatory setting. The long term post-acute care settings will bring forward updates to this section in the future.

12.1 PURPOSE

To highlight and provide a general overview of issues in the implementation of RxFill transactions for both new and refill prescription transactions. This chapter does not provide recommendations to resolve each issue, but rather introduces topics for informational purposes and for further review.

12.2 INTRODUCTION

As the Task Group for RxFill clarification researched and discussed the use of RxFill transactions in “real-life” scenarios, a number of discussion points were introduced that assisted the group in understanding RxFill and making clarifications to the SCRIPT Implementation Guide. While important to the overall understanding of the subject, many of the discussion items were not appropriate for inclusion into the Implementation Guide itself. This chapter was created to preserve this information and make those discussion points available for users of the Implementation Guide to enhance their understanding of RxFill.

These discussion points are best understood within the context of the base RxFill information incorporated and updated in the SCRIPT Implementation Guide. It is recommended that the reader review the SCRIPT Implementation Guide requirements and information on RxFill along with reviewing these discussion points. RxFill applies to all pharmacies.

12.3 DEFINITIONS

Terms requiring clarification as used in this document.

Dispensed - in the context of the RxFill transaction, a medication that has been handed, shipped, or delivered to the patient (or the patient’s caregiver/representative) and the pharmacy no longer has possession of it. If the medication is still located in the pharmacy, it has not yet been ‘dispensed’. This definition applies for this chapter.

On Hold – a status denoting the intention not to dispense the prescription immediately for a variety of possible reasons that include but are not limited to:

- delay pending additional information.
- unresolved conflict with other medications.
- future filling.

The RxFill messages inform the prescriber of the prescription status and potentially indicate adherence or misuse concerns. In addition, they are only sent when requested or required by law.

Return/Returned to Stock – a pharmacy procedure that occurs after a prescription has been processed (filled and billed to the appropriate third party, if applicable) and the patient (or the patient’s caregiver/representative) does not pick up the prescription after a designated period
of time, resulting in the medication either being placed back into inventory or destroyed. Note: each pharmacy makes its own determination of how much time should elapse before a prescription is “Returned to Stock”.

Transfer – a pharmacy procedure that occurs when a patient requests a prescription be dispensed from a pharmacy other than the one that originally received the prescription. The pharmacy requesting the transfer of a prescription may or may not be within the same organization.

Medication History – transactions used to provide details of medications previously provided to a patient. The medication history result includes medications that were dispensed or obtained by a patient within a timeframe. Medication history can include adjudicated and/or cash and carry, prescribed, administered and/or sample medications.

12.4 DISCUSSION OF RxFILL OPERATIONAL ISSUES

12.4.1 Opt-In for the Prescriber

RxFillIndicator Options:

<table>
<thead>
<tr>
<th>Description</th>
<th>Dispensed</th>
<th>Partially Dispensed</th>
<th>Not Dispensed</th>
<th>Transferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>All RxFill status messages</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>All RxFill status messages but Transferred</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Dispensed and Partially Dispensed</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partially Dispensed and Not Dispensed</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Not Dispensed or Transferred</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Partially Dispensed Only</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Dispensed Only</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancel all RxFill Statuses</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Prescribers may choose to receive RxFill transactions for patients receiving certain medications. An example might be the prescriber requests all RxFill transactions for prescriptions for diabetes and heart conditions, but not for prescriptions for seasonal allergies and common antibiotics. EMRs may also provide additional capabilities to support RxFill message handling and prescriber notification (e.g., only provide alerts for ‘Not Dispensed). This prescriber-chosen criterion may provide process improvements such as limiting the number of transactions received, the cost of transactions, privacy concerns and information overload.

12.4.2 Cancel/Modify RxFill by the Prescriber (available in SCRIPT version 2014+)

Prescribers may decide to modify or cancel all further RxFill status transactions. RxFill supports an independent transaction <RxFillIndicatorChange> (versus as part of a new prescription, renewal request, or change request) where the prescriber informs the pharmacy of the cancelation or modification to a previously sent <RxFillIndicator> value for a specific patient/medication combination.

12.4.3 Automated Triggering of RxFill Transaction within Pharmacy to Indicate a Fill

RxFill transactions are intended to be sent by the pharmacy as requested by the prescriber to indicate that the prescription has “left the pharmacy” and not just that the prescription has been filled. The timing of the RxFill transaction must therefore be tied to the dispensing action and confirmation of the actual date the prescription was picked up or shipped.
12.4.4 Triggering of RxFill Transaction when an Item has been Returned to Stock

A pharmacy system should not send an RxFill transaction when the prescription is filled but has not been dispensed unless that fill is returned to stock, in which case the “Not Dispensed” indicator would be included. During Return to Stock processing, the pharmacy system updates the prescription’s status while performing any necessary billing reversals. For many systems, this is the first active indication of the patient’s inaction and can be used to trigger an appropriate RxFill transaction, i.e., “not dispensed”. The timing of the RxFill transaction for a “Not Dispensed” event will vary based on the pharmacy’s Return to Stock policy.

12.4.5 Triggering of Therapeutic, Biologic or Biosimilar substitution

RxFill transactions are intended to be sent by the pharmacy to the prescriber to indicate that a Biologic or Biosimilar product has been substituted in lieu of the original product prescribed. The RxFill transaction will include the reason code “DG” (Therapeutic Interchange/Substitution) or “GW” (Biologic/Biosimilar Substitution), for the status of <Dispensed> and <PartiallyDispensed>.

12.4.6 Volume of RxFill Transactions

RxFill transactions may be sent for each dispensing or non-dispensing event:

- Dispensed prescription: If requested, an RxFill transaction is sent each time a prescription is dispensed. A prescription with two refills would result in a total of three or more RxFill transactions – the original/new prescription plus all subsequent fills.

- Partially Dispensed – Occasionally, a pharmacy is not able to dispense the full prescription as ordered. In this scenario, a pharmacy system would send the prescriber a minimum of two RxFill transactions. A partially dispensed message could be sent multiple times, until the entire prescription quantity, as originally ordered, has been dispensed. The first RxFill transaction would indicate what was dispensed initially and subsequent transactions would be sent until the remainder of the authorized quantity was dispensed. Each transaction back to the prescriber should indicate the quantity dispensed.

- Not Dispensed – There are scenarios where a prescription is received by a pharmacy, but it is not dispensed. In these cases, the pharmacy is expected to send a “Not Dispensed” transaction to the prescriber based on the pharmacy system rules for placing a prescription on hold or when a medication is returned to stock. It is recommended that the “Not Dispensed” response include additional information as to why a prescription was not dispensed, if known. If an appropriate ReasonCode value is not available, it is recommended to include a free text description, such as “Patient unable to pay for prescription” in the <FillStatus><NotDispensed><Note>. Due to variations in business practices, trading partner agreements or pharmacy operational practices will determine the timing of not dispensed RxFill transactions.

- Transferred – The prescription was transferred to another pharmacy. This response should also include the destination pharmacy so the prescriber or practice can perform any additional follow-ups on that prescription with the new pharmacy instead of the original pharmacy. The Pharmacy to Pharmacy Prescription Transfer Standard supports communication addressing whether the receiving pharmacy supports RxFill.
12.4.7  RxFill and Transfers
A prescriber who requested an RxFill transaction that includes the ‘transferred’ type will receive a “Transferred” transaction when a prescription is transferred. This RxFill transaction will be sent by the original pharmacy to notify the prescriber that dispensing pharmacy has changed and who the pharmacy is. RxFill support for the destination pharmacy will be provided as part of the prescription transfer process. Therefore, the RxFill ‘Transferred’ message will provide all of the information, including whether the receiving pharmacy supports RxFill.

When transferring a prescription, the <RxFillRequestIndicator> should be passed to the new pharmacy as part of the prescription information. If it supports the RxFill transaction, the pharmacy to which the prescription was transferred is responsible to send the appropriate Physician RxFill Request Flag with each subsequent dispensing event. Once the prescription is transferred and the prescriber has been notified of that event by an RxFill ‘Transferred’ message, the originating pharmacy has no further responsibility for sending RxFill transactions. Reference fields will need to be passed to the new pharmacy to help tie the RxFill transactions with the original prescription.

12.4.8  Associating a NewRx with an RxFill Transaction
The RxFill transaction is designed to be associated with an electronic prescription. See the NCPDP XML Standard Version for examples.

12.4.9  Changing Physicians
When a patient changes physicians, the RxFill transactions for his/her prescriptions will continue to be sent to the prescriber who originally prescribed each prescription as long as the patient continues to refill those prescriptions. The pharmacy cannot change the prescriber of record for an existing prescription so the RxFill transactions cannot be redirected to a new prescriber. It is recommended that the original prescriber send a <RxFillIndicatorChange> message to inform the pharmacy of the cancellation or modification to a previously sent <RxFillIndicator> value for that patient/medication combination. To have RxFill transactions sent to a new physician, the new prescriber must provide a new prescription to the pharmacy.
13. PRODUCT CONCEPT QUALIFIER RECOMMENDATIONS FOR ELECTRONICALLY TRANSMITTED PRESCRIPTIONS

A goal of electronic prescribing, along with the interoperability between various medical and pharmacy systems, is to provide the means for a prescriber to transmit a prescription where all of the comprised components are presented with content and format that are unambiguous. The exchange of the field Quantity Qualifier is an area where improvements are needed to reach this goal. This guidance applies to all transactions containing prescription or prescription-related information where a quantity is included.

| NCPDP QuantityUnitOfMeasure Terminology | A set of terminology for NCPDP that contains concepts of the intended or actual dispensed quantity unit of measure (e.g., 17 grams, 30 tablets, 473 ML, 3 Eaches. Upon billing, this data is translated to Milliliters, Grams, for Eaches. Days supply is not allowed as a prescribed quantity for eRx. (Dispensed quantity from claims likely constrained to these values). | Drug: Victoza 18MG/3ML Pen
Prescribed Quantity: 6 ML
SIG: Inject 1.2 mg twice a day |

It is important that pharmacies receive the prescription Quantity and Quantity Qualifier in a format that specifies a discrete, measurable quantity for the following reasons.

- **Patient Safety** - In order for the patient to receive the quantity that is intended for therapy by the prescriber. Since clinical edits are based on the metric system, ambiguity could lead to patient harm.
  - Inappropriate quantity or quantity unit of measure can lead to potential underdose or overdose of therapy, which may result in poor outcomes or serious harm to the patient

- **Patient Expense** - It might also lead to additional and/or unnecessary patient expense if the correct quantity intended is left to the pharmacist’s discretion.

- **To reduce the call backs from the pharmacy to the prescriber office to clarify the quantity appropriate for the patient.**

In addition,

- Pharmacies must comply with state and federal regulations that require that the exact, prescribed quantity be on the prescription.
- Pharmacies must successfully comply with third party requirements. Audits that determine the quantity dispensed was not adequately supported by the quantity prescribed result in recoupment for the entire prescription as well as any refills of that prescription.
  - Dispensing 30 GM of fluocinolone 0.025% ointment for a prescription written for “1 Tube” is an example since it is also available in a 15 GM Tube.

Below is a list of recommendations that Drug Compendia, EHR, Electronic Prescribing System Vendors, Prescribers and Pharmacies are highly urged to follow.

13.1 QUANTITY UNIT OF MEASURE

The NCI Subset list acceptable Quantity Unit of Measure preferred term recommendations. (In the NCPDP Terminology tables this is the **NCPDP QuantityUnitOfMeasure Terminology concepts**. This guidance does not affect other concepts in these tables (such as NCPDP DEA Schedule Terminology, NCPDP Measurement Unit Code Terminology, NCPDP Strength Form Terminology, or NCPDP Strength Unit Of Measure Terminology).

*Valid Values as of October 1, 2019*
<table>
<thead>
<tr>
<th>NCPDP Subset Code</th>
<th>NCPDP Subset Preferred Term</th>
<th>NCPDP Preferred Term</th>
<th>NCIt Code</th>
<th>NCIt Preferred Term</th>
<th>NCIt Definition</th>
<th>Quantity Qualifier in ePrescribing (sent from a Prescriber)</th>
<th>Keep or sunset?</th>
<th>Equivalent Billing Unit</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>C89510</td>
<td>C62412</td>
<td>QuantityUnitOfMeasure Terminology</td>
<td>Applicator</td>
<td>Applicator Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a single applicator.</td>
<td>Yes</td>
<td>Keep</td>
<td>EA</td>
<td>Translates to EA 1:1. Example: Silver Nitrate Applicator</td>
</tr>
<tr>
<td>C89510</td>
<td>C54564</td>
<td>QuantityUnitOfMeasure Terminology</td>
<td>Blisters</td>
<td>Blisters Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a blister.</td>
<td>Yes</td>
<td>Keep</td>
<td>EA</td>
<td>Translates to EA 1:1. Example: Advair Diskus or Breo Ellipta</td>
</tr>
<tr>
<td>C89510</td>
<td>C64696</td>
<td>QuantityUnitOfMeasure Terminology</td>
<td>Capsules</td>
<td>Capsule Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a capsule.</td>
<td>Yes</td>
<td>Keep</td>
<td>EA</td>
<td>Translates to EA 1:1 Example: Tylenol Caplet</td>
</tr>
<tr>
<td>C89510</td>
<td>C48480</td>
<td>QuantityUnitOfMeasure Terminology</td>
<td>Capsules</td>
<td>Capsule Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a capsule.</td>
<td>Yes</td>
<td>Keep</td>
<td>EA</td>
<td>Translates to EA 1:1 Example: Amoxicillin capsule</td>
</tr>
<tr>
<td>C89510</td>
<td>C64933</td>
<td>QuantityUnitOfMeasure Terminology</td>
<td>Each</td>
<td>Each</td>
<td>Used to refer to every member of a group of people or things, considered individually.</td>
<td>Yes</td>
<td>Keep</td>
<td>EA</td>
<td>NCPDP Billing Unit</td>
</tr>
<tr>
<td>C89510</td>
<td>C53499</td>
<td>QuantityUnitOfMeasure Terminology</td>
<td>Films</td>
<td>Film Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a film.</td>
<td>Yes</td>
<td>Keep</td>
<td>EA</td>
<td>Translates to EA 1:1. No current example</td>
</tr>
<tr>
<td>C89510</td>
<td>C48155</td>
<td>QuantityUnitOfMeasure Terminology</td>
<td>Grams</td>
<td>Gram</td>
<td>The metric unit of mass equal to one thousandth of a kilogram. One gram equals approximately 15.432 grains or 0.035 273 966 ounce.</td>
<td>Yes</td>
<td>Keep</td>
<td>GM</td>
<td>NCPDP Billing Unit</td>
</tr>
<tr>
<td>C89510</td>
<td>C69124</td>
<td>QuantityUnitOfMeasure Terminology</td>
<td>Gums</td>
<td>Gum Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a gum.</td>
<td>Yes</td>
<td>Keep</td>
<td>EA</td>
<td>Translates to EA 1:1. Example Nicorette Gum</td>
</tr>
<tr>
<td>C89510</td>
<td>C48499</td>
<td>QuantityUnitOfMeasure Terminology</td>
<td>Implants</td>
<td>Implant Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in an implant.</td>
<td>Yes</td>
<td>Keep</td>
<td>EA</td>
<td>Translates to EA 1:1. Example: Ozurdex intraocular implant</td>
</tr>
<tr>
<td>C89510</td>
<td>C62276</td>
<td>QuantityUnitOfMeasure Terminology</td>
<td>Inserts</td>
<td>Insert Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in an insert.</td>
<td>Yes</td>
<td>Keep</td>
<td>EA</td>
<td>Translates to EA 1:1. Example: Lacrisert</td>
</tr>
<tr>
<td>C89510</td>
<td>C48504</td>
<td>QuantityUnitOfMeasure Terminology</td>
<td>Kits</td>
<td>Kit Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a kit.</td>
<td>Yes</td>
<td>Keep</td>
<td>EA</td>
<td>Hard to quantify, as NCPDP Billing Unit Standard has all 3 units for kits based on rules, but should be understood by receiving pharmacies.</td>
</tr>
<tr>
<td>C89510</td>
<td>C120263</td>
<td>QuantityUnitOfMeasure Terminology</td>
<td>Lancets</td>
<td>Lancet</td>
<td>A small, sharp, needle-like instrument that is used to puncture the skin.</td>
<td>Yes</td>
<td>EA</td>
<td>Translates to EA 1:1</td>
<td></td>
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<tr>
<td>NCIt Subset Code</td>
<td>NCPDP Subset Preferred Term</td>
<td>NCPDP Preferred Term</td>
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<td>NCIt Definition</td>
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<tr>
<td>C89510</td>
<td>C48506</td>
<td>QuantityUnitOfMeasure Terminology</td>
<td>Lozenge Lozenge Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a lozenge.</td>
<td>Yes</td>
<td>Keep</td>
<td>EA</td>
<td>Translates to EA 1:1. Example: Cepacol Lozenges</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C28254</td>
<td>QuantityUnitOfMeasure Terminology</td>
<td>Milliliter Milliliter</td>
<td>A unit of volume equal to one millionth (10E-6) of a cubic meter, one thousandth of a liter, one cubic centimeter, or 0.061023 7 cubic inch. A cubic centimeter is the CGS unit of volume.</td>
<td>Yes</td>
<td>Keep</td>
<td>ML</td>
<td>NCPDP Billing Unit</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C48521</td>
<td>QuantityUnitOfMeasure Terminology</td>
<td>Packet Packet Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a packet.</td>
<td>Yes</td>
<td>Keep</td>
<td>EA</td>
<td>Translates to EA 1:1. Example: Questran Powder Packets.</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C65032</td>
<td>QuantityUnitOfMeasure Terminology</td>
<td>Pad Pad Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a pad.</td>
<td>Yes</td>
<td>Keep</td>
<td>EA</td>
<td>Translates to EA 1:1. Example: Pacnex HP Cleansing Pads.</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C48524</td>
<td>QuantityUnitOfMeasure Terminology</td>
<td>Patch Patch Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a patch.</td>
<td>Yes</td>
<td>Keep</td>
<td>EA</td>
<td>Translates to EA 1:1. Example: Transderm-Nitro.</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C120216</td>
<td>QuantityUnitOfMeasure Terminology</td>
<td>Pen Needle Pen Needle</td>
<td>A single use, hollow needle embedded in a plastic hub, which is then attached to a preloaded syringe (pen) to facilitate the delivery of medication.</td>
<td>Yes</td>
<td>Keep</td>
<td>EA</td>
<td>Translates to EA 1:1.</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C62609</td>
<td>QuantityUnitOfMeasure Terminology</td>
<td>Ring Ring Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a ring.</td>
<td>Yes</td>
<td>Keep</td>
<td>EA</td>
<td>Translates to EA 1:1. Example: NuvaRing.</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C53502</td>
<td>QuantityUnitOfMeasure Terminology</td>
<td>Sponge Sponge Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a sponge.</td>
<td>Yes</td>
<td>Keep</td>
<td>EA</td>
<td>Translates to EA 1:1. No current example.</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C53503</td>
<td>QuantityUnitOfMeasure Terminology</td>
<td>Stick Stick Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a stick.</td>
<td>Yes</td>
<td>Keep</td>
<td>EA</td>
<td>Translates to EA 1:1. Example: Silver Nitrate Stick.</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C48538</td>
<td>QuantityUnitOfMeasure Terminology</td>
<td>Strip Strip Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a strip.</td>
<td>Yes</td>
<td>Keep</td>
<td>EA</td>
<td>Translates to EA 1:1. Example: Glucose Testing Strip.</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C48539</td>
<td>QuantityUnitOfMeasure Terminology</td>
<td>Suppository Suppository Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a suppository.</td>
<td>Yes</td>
<td>Keep</td>
<td>EA</td>
<td>Translates to EA 1:1. Example: Promethazine rectal suppositories.</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C53504</td>
<td>QuantityUnitOfMeasure Terminology</td>
<td>Swab Swab Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a swab.</td>
<td>Yes</td>
<td>Keep</td>
<td>EA</td>
<td>Translates to EA 1:1. Example: Alcohol swab.</td>
<td></td>
</tr>
<tr>
<td>NCIt Subset Code</td>
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<tr>
<td>C89510</td>
<td>C48542</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Tablet</td>
<td>Tablet Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a tablet.</td>
<td>Yes</td>
<td>Keep</td>
<td>EA</td>
<td>Translates to EA 1:1. Example: Tenormin 50 mg tablet.</td>
</tr>
<tr>
<td>C89510</td>
<td>C48548</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Troche</td>
<td>Troche Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a troche.</td>
<td>Yes</td>
<td>Keep</td>
<td>EA</td>
<td>Translates to EA 1:1. Example: Clotrimazole Troche</td>
</tr>
<tr>
<td>C89510</td>
<td>C38046</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Unspecified</td>
<td>Unspecified</td>
<td>Not stated explicitly or in detail.</td>
<td>Yes</td>
<td>Keep</td>
<td>GM or ML or EA</td>
<td>This term is to be used only if the dosage form or measurement is not listed elsewhere on this sheet. It was placed here to provide flexibility for an occasion when a new Quantity Unit Of Measure is not yet available and none of the existing terms fit the amount prescribed. Use of this term may set an auditing flag if used indiscriminately.</td>
</tr>
<tr>
<td>C89510</td>
<td>C48552</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Wafer</td>
<td>Wafer Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a wafer.</td>
<td>Yes</td>
<td>Keep</td>
<td>EA</td>
<td>Translates to EA 1:1. Example: Metamucil Wafer.</td>
</tr>
</tbody>
</table>

Sunset Values as of October 1, 2019
The following values were sunset and must not to be used in any new messages after October 1, 2019.

<table>
<thead>
<tr>
<th>NCIt Subset Code</th>
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</thead>
<tbody>
<tr>
<td>C89510</td>
<td>C48473</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Ampule</td>
<td>Ampule Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in an ampule.</td>
<td>No</td>
<td>Sunset</td>
<td>ML or EA</td>
<td>An ampule may contain a powder or a liquid and the quantities within an ampule can vary. Example: Lasix ampules come in 2, 4 and 10 mL sizes.</td>
</tr>
<tr>
<td>C89510</td>
<td>C78783</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Applicatorful</td>
<td>Applicatorful Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a full applicator.</td>
<td>No</td>
<td>Sunset</td>
<td>GM or ML</td>
<td>An applicatorful is a dosage measurement and dose size can vary. Example: An applicatorful of estradiol vaginal cream can contain 1, 2, or 4 grams.</td>
</tr>
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</tr>
<tr>
<td>C89510 C48474</td>
<td></td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Bag</td>
<td>Bag Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a bag.</td>
<td>No</td>
<td>Sunset</td>
<td>GM or ML</td>
<td>The amount of substance in a bag may vary. Example: A bag of IV solution can contain 25, 50, 100, 250, 500, or 1000 mL.</td>
</tr>
<tr>
<td>C89510 C48475</td>
<td></td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Bar</td>
<td>Bar Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a bar.</td>
<td>No</td>
<td>Sunset</td>
<td>EA</td>
<td>Translates to EA 1:1. NCPDP Work Group 2 defines a bar as 1 EA: Bars have a billing unit of &quot;each&quot;. Commonly, bars also include the weight in grams of the bar on the package; there had been confusion if the billing unit should be &quot;each&quot; or &quot;gram&quot;. This was researched as a project by the work group and it was determined that &quot;each&quot; was the appropriate billing unit since bars are dispensed as a whole unit and are not broken apart. Thus, all bars have been standardized to have a billing unit of &quot;each&quot;.</td>
</tr>
<tr>
<td>C89510 C53495</td>
<td></td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Bead</td>
<td>Bead Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a bead.</td>
<td>No</td>
<td>Sunset</td>
<td>GM</td>
<td>Discontinued dosage form that is not quantifiable. Example: The now obsolete product Debrisan Beads contained a packet of beads that was measured by grams. It was never measured by the bead.</td>
</tr>
<tr>
<td>C89510 C53498</td>
<td></td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Block</td>
<td>Block Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a block.</td>
<td>No</td>
<td>Sunset</td>
<td>EA</td>
<td>Term does not quantify a measurable size for dispense. Example: Camphor Blocks</td>
</tr>
<tr>
<td>C89510 C48476</td>
<td></td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Bolus</td>
<td>Bolus Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a bolus.</td>
<td>No</td>
<td>Sunset</td>
<td>ML</td>
<td>Term does not quantify an actual size and is a measure of dose rather than dispense quantity.</td>
</tr>
<tr>
<td>C89510 C48477</td>
<td></td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Bottle</td>
<td>Bottle Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a bottle.</td>
<td>No</td>
<td>Sunset</td>
<td>ML</td>
<td>Term does not quantify a measurable size for dispense. Example: A bottle of Robitussin med contain 120 ML or 240 ML.</td>
</tr>
<tr>
<td>C89510 C48478</td>
<td></td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Box</td>
<td>Box Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a box.</td>
<td>No</td>
<td>Sunset</td>
<td>GM or ML or EA</td>
<td>Term does not quantify a measurable size for dispense. Example: A box of syringes may contain 30 EA or 100 EA.</td>
</tr>
<tr>
<td>C89510 C48479</td>
<td></td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Can</td>
<td>Can Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a can.</td>
<td>No</td>
<td>Sunset</td>
<td>GM or ML or EA</td>
<td>Term does not quantify a measurable size for dispense. Example: Olux Foam may have 50 GM or 100 GM in a can.</td>
</tr>
<tr>
<td>NCI Subset Code</td>
<td>NCI Code</td>
<td>NCPDP Subset Preferred Term</td>
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<tr>
<td>C89510</td>
<td>C62413</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Canister</td>
<td>Canister Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a canister.</td>
<td>No Sunset</td>
<td>GM or ML</td>
<td>Term does not quantify a measurable size for dispense. Example: A canister of albuterol inhaler may contain 3.7 Gm or 6.7 Gm.</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C54702</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Carton</td>
<td>Carton Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a carton.</td>
<td>No Sunset</td>
<td>GM or ML or EA</td>
<td>Term does not quantify a measurable size for dispense. Example: A carton of alcohol swabs may contain 100 EA or 200 EA.</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C48481</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Cartridge</td>
<td>Cartridge Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a cartridge.</td>
<td>No Sunset</td>
<td>ML</td>
<td>Term does not quantify a measurable size for dispense. Example: An insulin cartridge may contain 1.5 mL or 3 mL.</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C62414</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Case</td>
<td>Case Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a case.</td>
<td>No Sunset</td>
<td>GM or ML or EA</td>
<td>Term does not quantify a measurable size for dispense. Example: A case of intravenous solution may contain 12 X 250 ML or 24 X 250 ML.</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C69093</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Cassette</td>
<td>Cassette Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a cassette.</td>
<td>No Sunset</td>
<td>GM or ML or EA</td>
<td>Term does not quantify a measurable size for dispense. A cassette may contain any number of discrete units, for example, a 10 ml or 20 mL cassette of fentanyl injection for PCA (patient controlled analgesia).</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C48484</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Container</td>
<td>Container Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) in a container.</td>
<td>No Sunset</td>
<td>GM or ML or EA</td>
<td>Term does not quantify a specific measurable size. A container may have many different metric amounts. Example: A container of dietary supplement may contain 120 ML or 240 ML.</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C48489</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Cylinder</td>
<td>Cylinder Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a cylinder.</td>
<td>No Sunset</td>
<td>GM or ML or EA</td>
<td>Term does not quantify a specific measurable size. A cylinder of oxygen may contain 20,000 ML or 40,000 ML.</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C16830</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Device</td>
<td>Device</td>
<td>Any physical object that is useful for prevention, diagnosis, monitoring, or treatment of disease, delivery of drug or other conditions.</td>
<td>Yes Sunset</td>
<td>EA</td>
<td>NCPDP Billing Unit</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C48490</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Disk</td>
<td>Disk Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a disk.</td>
<td>No Sunset</td>
<td>EA</td>
<td>Discontinued dosage form.</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C62417</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Dose Pack</td>
<td>Dose Pack Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a dose pack.</td>
<td>No Sunset</td>
<td>GM or ML or EA</td>
<td>Term does not quantify a measurable size. A dose pack may have many different metric amounts contained within it.</td>
<td></td>
</tr>
<tr>
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<tr>
<td>C89510</td>
<td>C96265</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Dual Pack</td>
<td>Dual Pack Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) in a product containing two individual units.</td>
<td>No</td>
<td>Sunset</td>
<td>GM or ML or EA</td>
<td>Term does not quantify a measurable size. A dual pack represents 2 of another other unit of measurement.</td>
</tr>
<tr>
<td>C89510</td>
<td>C48494</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Fluid Ounce</td>
<td>Fluid Ounce US</td>
<td>A traditional unit of liquid volume equal in the US customary system to 1/16 pint, or 1.804 687 cubic inches or 29.573 531 milliliters.</td>
<td>No</td>
<td>Sunset</td>
<td>ML</td>
<td>Not a preferred metric unit of measure. Convert prescriptions written in ounces to ML using number of ounces x 30.</td>
</tr>
<tr>
<td>C89510</td>
<td>C101680</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>French</td>
<td>French Catheter Gauge</td>
<td>A number representing the outer diameter of a catheter where each integer represents 1/3 of a millimeter.</td>
<td>No</td>
<td>Sunset</td>
<td>EA</td>
<td>Term does not quantify a dispense unit, it is the size of a urinary catheter.</td>
</tr>
<tr>
<td>C89510</td>
<td>C48580</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Gallon</td>
<td>Gallon US</td>
<td>The US unit of liquid volume legally defined as 3785.411784 milliliters (3.785 411 784 liters), or 231 cubic inches. The US gallon holds 4 liquid quarts; the gallon of water gallon weighs approximately 8.33 pounds.</td>
<td>No</td>
<td>Sunset</td>
<td>ML</td>
<td>Not a preferred metric unit of measure. Convert prescriptions written in ounces to ML using number of gallons x 128 ounces x 30 ML</td>
</tr>
<tr>
<td>C89510</td>
<td>C48501</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Inhalation</td>
<td>Inhalation Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in an inhalation.</td>
<td>No</td>
<td>Sunset</td>
<td>GM or ML or EA</td>
<td>Term does not quantify a measurable size for dispense.</td>
</tr>
<tr>
<td>C89510</td>
<td>C62275</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Inhaler</td>
<td>Inhaler Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in an inhaler.</td>
<td>No</td>
<td>Sunset</td>
<td>GM or ML or EA</td>
<td>Term does not quantify a measurable size for dispense.</td>
</tr>
<tr>
<td>C89510</td>
<td>C62418</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Inhaler Refill</td>
<td>Inhaler Refill Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in an inhaler refill.</td>
<td>No</td>
<td>Sunset</td>
<td>GM or ML or EA</td>
<td>Term does not quantify a measurable size for dispense.</td>
</tr>
<tr>
<td>C89510</td>
<td>C67283</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Intravenous Bag</td>
<td>Intravenous Bag Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in an intravenous bag.</td>
<td>No</td>
<td>Sunset</td>
<td>ML</td>
<td>Term does not quantify a measurable size for dispense. An intravenous bag may contain 250 ML or 500 ML.</td>
</tr>
<tr>
<td>C89510</td>
<td>C28252</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Kilogram</td>
<td>Kilogram</td>
<td>A basic SI unit of mass. It is defined as the mass of an international prototype in the form of a platinum-iridium cylinder kept at Sevres in France. A kilogram is equal to 1,000 grams and 2.204 622 6 pounds.</td>
<td>No</td>
<td>Sunset</td>
<td>GM</td>
<td>Not a preferred metric unit of measure. Convert kilograms to grams using the kilogram measurement x 1000.</td>
</tr>
<tr>
<td>NCPDP Subset Code</td>
<td>NCPDP Code</td>
<td>NCPDP Subset Preferred Term</td>
<td>NCPDP Preferred Term</td>
<td>NCIt Preferred Term</td>
<td>NCIt Definition</td>
<td>Quantity Qualifier in ePrescribing (sent from a Prescriber)</td>
<td>Keep or sunset?</td>
<td>Equivalent Billing Unit</td>
<td>Comment</td>
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</tr>
<tr>
<td>C89510</td>
<td>C48505</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Liter</td>
<td>Liter</td>
<td>The non-SI unit of volume accepted for use with the SI. One liter is equal to cubic decimeter, or one thousandth of cubic meter, or 1000 cubic centimeters, or approximately 61.023 744 cubic inches.</td>
<td>No</td>
<td>Sunset ML</td>
<td>Not a preferred metric unit of measure. Convert liters to milliliters using the liter measurement x 1000.</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C48491</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Metric Drop</td>
<td>Metric Drop</td>
<td>A unit of volume used in pharmacy and equal to 0.05 milliliter (20 drops/ml).</td>
<td>No</td>
<td>Sunset ML</td>
<td>Term does not quantify a measurable size for dispense.</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C48512</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Milliequivalent</td>
<td>Milliequivalent</td>
<td>A unit of relative amount of a substance equal to one thousandth of an equivalent weight.</td>
<td>No</td>
<td>Sunset GM or ML</td>
<td>Term does not quantify a measurable size for dispense.</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C28253</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Milligram</td>
<td>Milligram</td>
<td>A metric unit of mass equal to one thousandth of a gram or 1000 micrograms. One milligram equals approximately 0.015432 gram or 35.274 x 10E-6 ounce.</td>
<td>No</td>
<td>Sunset GM</td>
<td>Not a preferred metric unit of measure. Convert milligrams to grams using the milligram measurement/1000.</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C28251</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Millimeter</td>
<td>Millimeter</td>
<td>A metric unit of length equal to one thousandth of a meter (10E-3 meter) or approximately 0.03937 inch.</td>
<td>No</td>
<td>Sunset EA</td>
<td>Not a measurement of quantity. It is a measurement of length.</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C71204</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Nebule</td>
<td>Nebule Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a nebule.</td>
<td>No</td>
<td>Sunset ML</td>
<td>Term does not quantify a measurable size for dispense. Example: A nebule of albuterol may contain 0.5 ML or 2.5 ML.</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C100052</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Needle Free Injection</td>
<td>Needle Free Injection Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a single needle free injection unit.</td>
<td>No</td>
<td>Sunset ML</td>
<td>Term does not quantify a measurable size for dispense.</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C69086</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Ocular System</td>
<td>Ocular System Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) in an ocular system.</td>
<td>No</td>
<td>Sunset EA</td>
<td>Discontinued dosage form.</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C48519</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Ounce</td>
<td>Ounce</td>
<td>The traditional unit of mass. The avoirdupois ounce is equal to 1/16 pound, or 28.3495 grams, or 0.911 457 troy ounce.</td>
<td>No</td>
<td>Sunset GM</td>
<td>Not a preferred metric unit of measure. Convert prescriptions written in ounces to GM using number of ounces x 30.</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C48520</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Package</td>
<td>Package Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a package.</td>
<td>No</td>
<td>Sunset GM or ML or EA</td>
<td>Term does not quantify a measurable size for dispense.</td>
<td></td>
</tr>
<tr>
<td>C89510</td>
<td>C82484</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Paper</td>
<td>Paper Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a piece of paper.</td>
<td>No</td>
<td>Sunset EA</td>
<td>Term does not quantify a measurable size for dispense. This dose form is no longer used.</td>
<td></td>
</tr>
<tr>
<td>NCIt Subset Code</td>
<td>NCIt Code</td>
<td>NCPDP Subset Preferred Term</td>
<td>NCPDP Preferred Term</td>
<td>NCIt Preferred Term</td>
<td>NCIt Definition</td>
<td>Quantity Qualifier in ePrescribing (sent from a Prescriber)</td>
<td>Keep or sunset?</td>
<td>Equivalent Billing Unit</td>
<td>Comment</td>
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</tr>
<tr>
<td>C89510</td>
<td>C48529</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Pint</td>
<td>Pint</td>
<td>A United States liquid unit equal to 16 fluid ounces; two pints equal one quart.</td>
<td>No</td>
<td>Sunset</td>
<td>ML</td>
<td>Not a preferred metric unit of measure. Convert prescriptions written in pints to ML using number of pints x 480.</td>
</tr>
<tr>
<td>C89510</td>
<td>C48530</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Pouch</td>
<td>Pouch Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a pouch.</td>
<td>No</td>
<td>Sunset</td>
<td>GM or ML or EA</td>
<td>Term does not quantify a measurable size for dispense.</td>
</tr>
<tr>
<td>C89510</td>
<td>C48531</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Pound</td>
<td>Pound</td>
<td>The traditional unit of mass. By international agreement, one avoirdupois pound is equal to exactly 0.453 592 37 kilogram, 16 ounces, or 1.215 28 troy pounds.</td>
<td>No</td>
<td>Sunset</td>
<td>GM</td>
<td>Not a preferred metric unit of measure. Convert prescriptions written in pounds to GM using number of pounds x 454.</td>
</tr>
<tr>
<td>C89510</td>
<td>C97717</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Pre-filled Pen Syringe</td>
<td>Pre-filled Pen Syringe</td>
<td>A syringe that lacks a conventional plunger, resembles a writing pen, and is designed to dispense a pre-loaded dose of a drug. It may be designed to deliver a single dose or be designed for repeated use.</td>
<td>No</td>
<td>Sunset</td>
<td>ML</td>
<td>Term does not quantify a measurable size for dispense.</td>
</tr>
<tr>
<td>C89510</td>
<td>C55060</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Puff</td>
<td>Puff Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a puff.</td>
<td>No</td>
<td>Sunset</td>
<td>GM or ML</td>
<td>Term does not quantify a measurable size for dispense.</td>
</tr>
<tr>
<td>C89510</td>
<td>C111984</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Pump</td>
<td>Pump Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in one actuation of a pumping device.</td>
<td>No</td>
<td>Sunset</td>
<td>GM or ML</td>
<td>Term does not quantify a measurable size for dispense.</td>
</tr>
<tr>
<td>C89510</td>
<td>C48534</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Quart</td>
<td>Quart</td>
<td>A United States liquid unit equal to 32 fluid ounces; four quarts equal one gallon.</td>
<td>No</td>
<td>Sunset</td>
<td>ML</td>
<td>Not a preferred metric unit of measure. Convert prescriptions written in pints to ML using number of quarts x 960.</td>
</tr>
<tr>
<td>C89510</td>
<td>C71324</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Sachet</td>
<td>Sachet Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a sachet</td>
<td>No</td>
<td>Sunset</td>
<td>EA</td>
<td>Translates to EA 1:1. This term is not currently used in the United States, but is similar to the packet dosing unit.</td>
</tr>
<tr>
<td>C89510</td>
<td>C48536</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Scoopful</td>
<td>Scoopful Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained typically in a spoon-shaped object.</td>
<td>No</td>
<td>Sunset</td>
<td>GM or ML or EA</td>
<td>Term does not quantify a measurable size for dispense.</td>
</tr>
<tr>
<td>C89510</td>
<td>C48537</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Spray</td>
<td>Spray Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a spray.</td>
<td>No</td>
<td>Sunset</td>
<td>GM or ML</td>
<td>Term does not quantify a measurable size for dispense.</td>
</tr>
<tr>
<td>C89510</td>
<td>C48540</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Syringe</td>
<td>Syringe Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a single syringe.</td>
<td>No</td>
<td>Sunset</td>
<td>ML or EA</td>
<td>Term does not quantify a measurable size for dispense.</td>
</tr>
<tr>
<td>NCIt Subset Code</td>
<td>NCPDP Subset Code</td>
<td>NCPDP Subset Preferred Term</td>
<td>NCPDP Preferred Term</td>
<td>NCIt Preferred Term</td>
<td>NCIt Definition</td>
<td>Quantity Qualifier in ePrescribing (sent from a Prescriber)</td>
<td>Keep or Sunset?</td>
<td>Equivalent Billing Unit</td>
<td>Comment</td>
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</tr>
<tr>
<td>C89510 C48541</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Tablespoon</td>
<td>Tablespoon Dosing Unit</td>
<td>A unit of volume informally used in pharmacy. Under the metric system the tablespoon has been standardized at 15 milliliters in the US, Britain, Canada, and New Zealand, and at 20 milliliters in Australia and some European countries.</td>
<td>No</td>
<td>Sunset</td>
<td>ML</td>
<td>Not a preferred metric unit of measure. Convert prescriptions written in tablespoons to ML using number of tablespoons x 15.</td>
<td></td>
</tr>
<tr>
<td>C89510 C62421</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Tabminder</td>
<td>Tabminder Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) administered by a tabminder.</td>
<td>No</td>
<td>Sunset</td>
<td>EA</td>
<td>Term does not quantify a measurable size for dispense.</td>
<td></td>
</tr>
<tr>
<td>C89510 C48543</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Tampon</td>
<td>Tampon Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a tampon.</td>
<td>No</td>
<td>Sunset</td>
<td>EA</td>
<td>Translates to EA 1:1. No current example of a medicated tampon.</td>
<td></td>
</tr>
<tr>
<td>C89510 C48544</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Teaspoon</td>
<td>Teaspoon Dosing Unit</td>
<td>A unit of volume used in pharmacy and equal to 5 milliliters.</td>
<td>No</td>
<td>Sunset</td>
<td>ML</td>
<td>Not a preferred metric unit of measure. Convert prescriptions written in teaspoons to ML using number of teaspoons x 5.</td>
<td></td>
</tr>
<tr>
<td>C89510 C54704</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Tray</td>
<td>Tray Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained on a tray.</td>
<td>No</td>
<td>Sunset</td>
<td>GM or ML or EA</td>
<td>Term does not quantify a measurable size for dispense.</td>
<td></td>
</tr>
<tr>
<td>C89510 C48549</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Tube</td>
<td>Tube Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a tube.</td>
<td>No</td>
<td>Sunset</td>
<td>GM or ML or EA</td>
<td>Term does not quantify a measurable size for dispense.</td>
<td></td>
</tr>
<tr>
<td>C89510 C48551</td>
<td>NCPDP QuantityUnitOfMeasure Terminology</td>
<td>Vial</td>
<td>Vial Dosing Unit</td>
<td>A dosing unit equal to the amount of active ingredient(s) contained in a single vial.</td>
<td>No</td>
<td>Sunset</td>
<td>ML or EA</td>
<td>A vial may contain a powder or a liquid and the quantities within a vial can vary. Example: Furosemide vials come in 2,4, and 10 mL sizes.</td>
<td></td>
</tr>
</tbody>
</table>
14. SPECIFIC ALLERGY OR ADVERSE EVENTS DISCUSSION

- When sending DrugProductCoded information in the Allergies element Text is required. A Code and Qualifier should be sent unless it is not available. A code should always have an associated valid qualifier.
- When sending SeverityCoded information in the Allergies element Text is required. A Code should be sent unless it is not available.
- When sending ReactionCoded information in the Allergies element Text is required. A Code should be sent unless it is not available.
- The Allergies element should never include information on NoKnownAllergies and existing Allergies.
- When sending NoKnownAllergies the NoKnownAllergies element should be used.
- The Allergies DrugProductCoded/Text should not include NoKnownAllergies or NKDA or any other version of NoKnownAllergies.
15. SPECIFIC GUIDANCE ON COMPOUNDS

<MedicationPrescribed><DrugDescription> contains the prescriber’s preferred name for the compounded product. This should be a recognizable name for an established compounded product (a "recipe") or include each active ingredient and its final concentration or amount per dose unit.

Examples of preferred DrugDescription for compounded products:

Not preferred
1. Nifedipine Powder 0.12 gm/Aquaphor
   58.88 gm
   Propylene Glycol 1 ml
   Qty: 60 gm

Preferred
1. Nifedipine 0.2% in Aquaphor ointment
   Qty: 60 gm

Nifedipine 0.2% ointment
Qty: 60 gm

2. Diclofenac 7.2 gm/Ibuprofen 7.2 gm/
   Pentoxifylline 7.2 gm cream
   Qty: 240 gm

Preferred
2. Diclofenac 3%/Ibuprofen 3%/Pentoxifylline 3% cream
   Qty: 240 gm

The <CompoundIngredient> element may repeat up to 25 times. All active ingredients must be included, and inactive ingredients should generally be included. It is not always practical or necessary to send inactive ingredients: prescribers may not know all inactive bases and wetting/mixing agents, or specific requirements for compounding. Where inactive ingredients are not specified, the compounding pharmacist will select the best formulation (i.e., using the recommended inactive base or wetting/mixing agents best suited to the active ingredients prescribed) for the compounded product.
16. ASSISTANCE WITH THE USE OF SCRIPT IN THE LONG TERM AND POST ACUTE CARE SETTINGS

16.1 PRESCRIPTION/ORDER MESSAGE

The following guidance applies to the <NewRx> message—used to convey a new medication order to the pharmacy—as well as other SCRIPT messages that contain prescription content (e.g., <CancelRx>, <RxFill>, <RxChangeRequest>, and <RxChangeResponse>).

16.1.1 Medication Description and Identifiers

<DrugDescription> element is mandatory and must be populated. It is recommended to populate <DrugCoded><DrugDBCodeQualifier> with the associated RxNorm term type for the prescribed medication when one exists.

For more information on the use of the Medication Description and Identifiers see the following sections in this guide:

- “Recommendations for Consistent Use of Drug Identification Fields Used in SCRIPT Transactions”
- “RxNorm Guidance for SCRIPT”

16.1.2 Use of Diagnosis in LTPAC

Diagnosis or indication for use are required for medication administration. Diagnosis should be sent on all electronic medication orders when available. When there is a secondary related diagnosis for the prescription it should be sent in <MedicationPrescribed><Diagnosis><Secondary>. Diagnosis codes should be transmitted using only the ICD coding library.

16.2 COMPOUND GUIDANCE FOR V2017071

For compound prescriptions originating in an LTPAC setting:

While it is recommended to submit compound name as well as ingredients in the DrugDescription, if no compound ingredients were detailed or if the provider does not specify the ingredients then the pharmacy will use their pre-set formula to fill the prescription.

Example of the LTPAC compound where compound name & ingredients are all listed in the DrugDescription, separate compound loops are not present:

Example 1: Compound with CF Qualifier and value of 0, pharmacy to determine quantity and dispensing.

<DrugDescription> Magic Mouthwash</DrugDescription>
<Quantity>
<Value>0</Value>
<CodeListQualifier>CF</CodeListQualifier>
<QuantityUnitOfMeasure>
<Code>C38046</Code>
</QuantityUnitOfMeasure>
</Quantity>
Examples 2: Compound with CF Qualifier and a value greater than 0
<DrugDescription> Magic Mouthwash #1</DrugDescription>
<Quantity>
<Value>100</Value>
<CodeListQualifier>CF</CodeListQualifier>
<QuantityUnitOfMeasure>
<Code>C28254</Code>
</QuantityUnitOfMeasure>
</Quantity>

Example 3: Compound with ingredients listed in the drug description with CF Qualifier and value of 0, pharmacy to determine quantity and dispensing.
<DrugDescription> Magic Mouthwash (BENADRYL/NYSTATIN/VISCOUS L)</DrugDescription>
<Quantity>
<Value>0</Value>
<CodeListQualifier>CF</CodeListQualifier>
<QuantityUnitOfMeasure>
<Code>C38046</Code>
</QuantityUnitOfMeasure>
</Quantity>

## 16.3 Frequently Asked Questions

### 16.3.1 Usage of Facility Address on Discharge Orders

**Question:** Should the Facility Address info be included on the discharge orders?

**Response:** When transmitting a discharge prescription(s) for a patient from a LTPAC facility ePrescribing application, it is recommended that all applicable facility information, including address, is sent in the facility segment in addition to all required patient attributes in the patient segment. If the discharge medications are to be delivered to the nursing facility address an indication of that request should be included in the Delivery Request and DeliveryLocation fields.

### 16.3.2 Transmitting Standard Medication Administration Time Codes

**Question:** Is it illegal for a LTPAC facility to electronically transmit standard medication administration time codes to the pharmacy?

**Response:** The standard does not prevent the sending of standard medication administration time codes. However, if a specific administration time is specified in the Sig, then it must be transmitted electronically as part of the legal order.

### 16.3.3 `<NumberOfRefills>` Field on Open Ended Orders

Updated: 11/2023
Question: How should it be populated for open ended orders in LTPAC where the number of refills are designated since the <NumberOfRefills> field is defined as a numeric field with a length of 2 with no qualifiers?

Response: For open ended long term care orders the <NumberOfRefills> would be equal to “99”.

16.3.4 Quantity Sufficient in Resupply Transaction

Question: Can the CodeListQualifier of QS and Value of “0” be sent in a Resupply Transaction?

Response: The Resupply transaction may contain a <CodeListQualifier> of QS and corresponding <Value> of 0 to indicate the need for inventory on an open order. If the prescription was previously set as a predetermined amount such as 90 tabs and the Resupply message is simply requesting 30 of those tabs then the <CodeListQualifier> would be 38 and corresponding <Value> would be 30.

16.3.5 Purpose of the <Mailbox><AcknowledgementID> in Resupply

Question: What is the purpose of the <Mailbox><AcknowledgementID> in the Resupply message?

Response: The <Mailbox><AcknowledgementID> is an optional element used when the messages are mailboxed. It is up to trading partner agreements to determine if or how this element is populated.

16.3.6 Prescriber on a Recertification Message

Question: Can I transmit a Recertification transaction for a prescriber that is different than the original prescriber of the prescription?

Response: Yes. For example, if prescriber A is the prescriber of the original order (NewRx), and prescriber B does the recertification, then Recertification transaction will contain information of only prescriber B who is authorizing the continuation of therapy. The Recertification transaction does not have prescriptive authority and this scenario does not change the prescribing practitioner.

16.3.7 How do I transmit hours of administration for a medication order if the administration needs to be given within a time range?

Response: There are two ways to transmit range hours of administration.

Method #1:
Hours of administration may be transmitted as part of the directions, e.g., “Give 1 tablet by mouth one time per day between 07:00-09:00”.

Method #2:
Hours of administration for the medication may be transmitted in the FacilitySpecificHoursOfAdministration segment. SNOMED codes for “Start time” and “End time” should be used to indicate the start and end of the range. If an administration time is a range, e.g., “Give 1 tablet by mouth one time per day” and it’s to be between 07:00-09:00 it may be transmitted as follows:

<FacilitySpecificHoursOfAdministrationTiming>
16.3.8 How do I tie hours of administration for a medication order to a specific administration for a multi schedule order?

**Response:** Hours of administration may be transmitted as part of the directions following corresponding administration instructions, e.g., “Give 5 tablets once per day for 5 days at 08:00 then give 4 tablets twice per day for 5 days at 09:00, 15:00 then give 1 tablet three times per day with meals at 09:00, 15:00, 18:00”.

16.3.9 How would the pharmacy notify the facility they are not dispensing a resupply due to an active suspension on the prescription?

**Response:** A RxFill message may be sent to identify a Not Dispensed activity with an indication of “there is an active suspension on this prescription”.

16.3.10 Should a Resupply message be sent if an active prescription administration suspension is in place due to a DrugAdministration message?

**Response:** A Resupply message does not indicate to the pharmacy that a prescription will resume administration. A Resupply is only to indicate a lack of inventory. The DrugAdministration message is sent to cancel an active suspension or to indicate a resumed administration.

16.3.11 Can a prescriber that is not the originating prescriber sign off a Recertification?

**Response:** Yes, a Recertification message is not a fillable message. Originating prescribers may have a variety of reasons for not being able to perform a required chart review.

16.3.12 Can the Recertification message be used to communicate a change of a prescriber to the dispensing pharmacy on an open order?

An open order is defined by the use of Quantity/CodeListQualifier value “QS”, a Quantity/Value of “0” and the NumberOfRefills equal to “99”.

```
<HoursOfAdministrationValue>0700</HoursOfAdministrationValue>
<HoursOfAdministration>
  <Text>Start time</Text>
  <Qualifier>SNOMED</Qualifier>
  <Code>398201009</Code>
</HoursOfAdministration>
</FacilitySpecificHoursOfAdministrationTiming>
<FacilitySpecificHoursOfAdministrationTiming>
  <HoursOfAdministrationValue>0900</HoursOfAdministrationValue>
  <HoursOfAdministration>
    <Text>End time</Text>
    <Qualifier>SNOMED</Qualifier>
    <Code>397898000</Code>
  </HoursOfAdministration>
</FacilitySpecificHoursOfAdministrationTiming>
```
Response: No, the prescriber that is taking over the care of a patient or resident and is the new prescriber of record should send a cancellation of the prescription and a new prescription to allow the pharmacy to update the record; this would also apply to ongoing claims information.

16.3.13 Is there a billing impact related to the Recertification message?
Response: No, it is not dependent on the Recertification message. The billing cycle is dependent on the written date of the last fillable prescription.

16.3.14 What is the purpose of the RxFill element of MedicationDispensed/Warning Label?
Response: This optional element is primarily used in LTPAC settings when a pharmacy, at the time of dispensing, needs to provide critical warnings and information concerning medications that should be known prior to administration.

16.3.15 Outside of structured sig, how can a pharmacy designate if a prescription is an ‘As Needed Administration’ versus ‘Routine Administration’ to a facility in a Pharmacy Managed Order workflow? Once the pharmacy processes a prescriber originated prescription and completes the dispensing activity, an RxFill is sent to the facility.
Response: The pharmacist designates the prescription ‘As Needed Administration’ per the prescriber’s directive. It is recommended to insert the prescription type, |PRN| or |Routine|, in the RxFill-FillStatus- (dispensing status)-<Note> element for system and end user consumption. This indicator can then be consumed by the receiving system and assist the facility staff in ensuring the medication pass schedule includes routine medications as appropriate.

16.3.16 Can the concept of open-ended orders be communicated in messages other than NewRx?
Version: 2017071 through 2022011
Response: Yes, the concept of open-ended order (<CodeListQualifier> of QS and corresponding <Value> of 0 and the <NumberOfRefills> would be equal to “99) may be communicated in any message applicable to LTPAC ePrescribing such asRxChangeRequest/Response, RxRenewalRequest/Response, etc.

16.3.17 How should a LTPAC setting communicate the date recertified on a Resupply message for version 2017071?
Response: The LTPAC setting should send the date recertified in the <MedicationPrescribed><OtherMedicationDate> using the qualifier DateValidated until <RecertificationDate> is available in the Resupply message.
16.3.18 How does a pharmacy indicate the medication is a Medicare Part B covered drug that requires additional information on subsequent Resupply messages, for example remaining quantity on hand at the LTPAC setting?

Response: The pharmacy should note that it is Part B covered drug in the RxFill <FillStatus><dispensing status><Note> using |PartB:QtyOnHand|.

16.3.19 How does the LTPAC setting provide the additional information required to refill a Part B covered medication?

Response: The LTPAC setting provider should note the required additional information using the <Resupply><MedicationPrescribed><Note> using |QtyOnHand:XXX| where XXX is the value.

A motion was made and seconded to approve adding the above FAQs to be published in the SCRIPT Implementation Recommendations document.
17. TRACE NUMBER USAGE

Version 2017071

For the purposes of this section trace elements identified are the MessageID, RelatesToMessageID (RTMID), PrescriberOrderNumber (PON), RxReferenceNumber.

- Trace elements should be populated with values that correspond to an associated prior message from originating source system.
- In unsolicited messages, the <RelatesToMessageID> might not be present.
- For transactions soliciting a response, the subsequent messages should include the RTMID when available along with any other trace elements that will assist in matching messages in a workflow.
- If a prescription is received through manual processes (e.g., failed to fax) and if trace elements are known, subsequent messages in the workflow should include them for automated processing. When trace elements are not available in an electronic message, additional patient and prescription matching logic may be helpful in returning to electronic workflow.
- RxFill, RxChangeRequest and RxRenewalRequest messages from transferred prescriptions should only contain MessageID and RxReferenceNumber. Follow up requests for RxChangeRequest and RxRenewalRequest messages should contain all trace elements including the RTMID from the last fillable message when the request is going to an originating prescriber.
- Messages sent as a copy per trading partner agreement should not include a RTMID.
18. EXTERNAL CODE LIST ASSISTANCE

This brief overview appears in the NCPDP External Code List document to help the implementer navigate to the appropriate URL to obtain info. While guidance on external code lists of other organizations or companies is not NCPDP’s expertise, we do try to work with federal agencies to provide input to make the use of federally named code sets easier for the implementer.

18.1 NCI THESAURUS CODE LISTS

The Federal Medication Terminologies (FMT) is a set of controlled terminologies and code sets from component vocabulary systems developed and maintained by the Food and Drug Administration, National Library of Medicine, Veterans Health Administration, National Cancer Institute and Agency for Healthcare Research and Quality. The National Cancer Institute component terminology within the FMT is the NCI Thesaurus (NCIt) and is pointed to within the External Code List publications for obtaining values for applicable data elements.

NCI Thesaurus terminologies may be found at http://evs.nci.nih.gov/. This link provides access to all terminologies within the NCI Thesaurus. The NCI Term Browser http://ncitbrowser.nci.nih.gov/ncitbrowser/pages/multiple_search.jsf enables one to browse, search, and visualize terminologies in the library.

Beginning with SCRIPT version 10.5 and Telecommunication Standard version D.3, NCPDP has adopted terminology sets from NCI Thesaurus (NCIt), aligning with FDA Structured Product Labeling (SPL) and the Federal Medications Terminologies (FMT) standards.

Recommendation: NCI has provided a link to subset files specific to the NCPDP standards usage at https://datascience.cancer.gov/resources/cancer-vocabulary/ncpdp-terminology The subsets were created by NCI terminologists to provide smaller sets of concepts for ease of use. The files can be downloaded from https://evs.nci.nih.gov/ftp1/NCPDP/.

Subset files include (but are not limited to): Drug StrengthForm, StrengthUnitOfMeasure, QuantityUnitOfMeasure, DEASchedule, and MeasurementUnitCode Terminology.

Note: The NCI database is reconciled the last Monday of every month; this is the database from which a version is generated to correspond to the files posted on the ftp site. The files will be posted during the following two weeks. It is important to note that the NCPDP subsets may change slightly on occasion as a definition might be tweaked or a new synonym created. However, the substance of the NCPDP subsets will not change unless a concept is brought forward to NCI that may impact NCPDP subsets. NCI will notify NCPDP if an addition or change is requested. When a new version of the subsets are created, the previous version of the subsets will go into the Archive (https://evs.nci.nih.gov/ftp1/NCPDP/Archive/) and the new dated release will be listed on the ftp site (https://evs.nci.nih.gov/ftp1/NCPDP/). NCI will also include a file that will show the modifications.

18.1.1 SCRIPT Field References

This section displays the old or new data element, and the old or new reference. The new reference provides the link for the subset files.
## NCPDP DEASchedule Terminology

### DEAScheduleCode

<table>
<thead>
<tr>
<th>Definition of Field</th>
<th>Field Format</th>
<th>Standard/Version Formats</th>
<th>Field Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value defining the DEA schedule of the medication.</td>
<td>an</td>
<td>S, Q</td>
<td></td>
</tr>
</tbody>
</table>

### Values:

<table>
<thead>
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<th>CODE</th>
<th>DESCRIPTION</th>
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</thead>
<tbody>
<tr>
<td></td>
<td><strong>NCPDP DEASchedule Terminology</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Organization Name</strong></td>
</tr>
<tr>
<td></td>
<td>National Cancer Institute</td>
</tr>
<tr>
<td></td>
<td><strong>Abstract</strong></td>
</tr>
<tr>
<td></td>
<td>A set of terminology for NCPDP that contains concepts within the Drug Enforcement Administration (DEA) Schedule of Controlled Substances.</td>
</tr>
<tr>
<td></td>
<td><strong>Source</strong></td>
</tr>
</tbody>
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<table>
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<th>CODE</th>
<th>DESCRIPTION</th>
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</thead>
<tbody>
<tr>
<td>C38046</td>
<td>Unspecified</td>
</tr>
<tr>
<td>C48672</td>
<td>Schedule I Substance</td>
</tr>
<tr>
<td>C48675</td>
<td>Schedule II Substance</td>
</tr>
<tr>
<td>C48676</td>
<td>Schedule III Substance</td>
</tr>
<tr>
<td>C48677</td>
<td>Schedule IV Substance</td>
</tr>
<tr>
<td>C48679</td>
<td>Schedule V Substance</td>
</tr>
</tbody>
</table>

**Used in:**
- Product/DrugCoded/DEASchedule/Code
- Product/CompoundInformation/CompoundIngredients/CompoundIngredient/DEASchedule/Code
- Product/NonDrugCoded/DEASchedule/Code

## NCPDP StrengthForm Terminology

### StrengthUnitOfMeasure

<table>
<thead>
<tr>
<th>Definition of Field</th>
<th>Field Format</th>
<th>Standard/Version Formats</th>
<th>Field Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concepts that qualify the strength and strength unit of measure associated with the prescribed product (e.g., Amoxicillin 250 mg Tablet, Albuterol HFA 17 grams Inhaler, Cefaclor 250 MG/SML Suspension, Fentanyl 12 mcg/hr Patch, Epinephrine 0.3 mg [implied per dose] Auto-Injector, Timolol 0.25% Ophthalmic Drops, Sprintec 28 Day Pack, Hydrocortisone 1% Ointment)</td>
<td>an</td>
<td>S, Q</td>
<td></td>
</tr>
</tbody>
</table>

### Values:
<table>
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<th>CODE</th>
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</thead>
<tbody>
<tr>
<td>AA</td>
<td>NCPDP Drug StrengthForm Terminology</td>
</tr>
</tbody>
</table>

**Organization Name**
National Cancer Institute

**Abstract**
NCI Thesaurus (NCIt). NCICode - NCI values NCPDP Drug StrengthForm Terminology.

**Source**
http://www.cancer.gov/cancertopics/terminologyresources/page7

---

**NCPDP Drug DoseUnitOfMeasure Terminology**

**DoseUnitOfMeasureQualifier**

**Definition of Field**
Qualifier to identify the code system being used.

**Field Format**
an

**Standard/Version Formats**
S

**Field Limitations**

---

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
</table>

**Clarification:**
For NCPDP Specific Terminology

**Used in:**
Sig/Instructions/AdministrationIndicator/DoseAdministration/Dosage/DoseValue/DoseUnitOfMeasure/Qualifier

---

**NCPDP StrengthUnitOfMeasure Terminology**

**StrengthUnitOfMeasure**

**Definition of Field**
Concepts of dosage form strength (e.g., 250 mg, 250 MG/5ML), a delivery rate (e.g., 12 mcg/hr), a dosage form concentration (e.g., 0.05%, 1%), the dosage released from a single delivery device actuation (e.g., 90 mcg [implied as per inhalation], 5 grams), the days supply or quantity in a package (e.g., 28 day, 60 grams).

**Field Format**
an

**Standard/Version Formats**
S

**Field Limitations**

---

<table>
<thead>
<tr>
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<th>DESCRIPTION</th>
</tr>
</thead>
</table>

**Clarification:**
For NCPDP Specific Terminology

**Used in:**
Sig/Instructions/AdministrationIndicator/DoseAdministration/Dosage/DoseValue/DoseUnitOfMeasure/Qualifier
<table>
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</thead>
<tbody>
<tr>
<td>AB</td>
<td>NCPDP StrengthUnitOfMeasure Terminology</td>
</tr>
<tr>
<td></td>
<td>Organization Name</td>
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<tr>
<td></td>
<td>National Cancer Institute</td>
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<td></td>
<td>NCI Thesaurus (NCIt) NCICode - NCI Values - NCPDP Drug StrengthUnitOfMeasure Terminology</td>
</tr>
<tr>
<td></td>
<td>Source</td>
</tr>
</tbody>
</table>

**Used in:**
- Product/DrugCoded/Strength/StrengthUnitOfMeasure/Code
- Product/CompoundInformation/CompoundIngredients/CompoundIngredient/Strength/StrengthUnitOfMeasure /Code
- Product/NonDrugCoded/Strength/StrengthUnitOfMeasure /Code

### NCPDP MeasurementUnitCode Terminology
**Observation/Measurement/UnitOfMeasure**

<table>
<thead>
<tr>
<th>Definition of Field</th>
<th>Field Format</th>
<th>Standard/Version Formats</th>
<th>Field Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basis for measurement code.</td>
<td>an S</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Values:**

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>AD</td>
<td>NCPDP MeasurementUnitCode Terminology</td>
</tr>
<tr>
<td></td>
<td>Organization Name</td>
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<tr>
<td></td>
<td>National Cancer Institute</td>
</tr>
<tr>
<td></td>
<td>Abstract</td>
</tr>
<tr>
<td></td>
<td>NCI Thesaurus (NCIt) NCICode - NCI Values - NCPDP Drug StrengthUnitOfMeasure Terminology</td>
</tr>
<tr>
<td></td>
<td>Source</td>
</tr>
</tbody>
</table>

**Used in:**
- Observation/Measurement/UnitOfMeasure

The Measurement Unit Code would include codes for patient height, weight – inches, pounds, may include a blood pressure – systolic, diastolic. Different measurements you might send about a patient.

### QuantityUnitOfMeasure Terminology
**For all medication types:**
**Quantity/QuantityUnitOfMeasure**

<table>
<thead>
<tr>
<th>Definition of Field</th>
<th>Field Format</th>
<th>Standard/Version Formats</th>
<th>Field Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concepts of the intended or actual dispensed quantity unit of measure (e.g., 1 Pack, 1 Inhaler, 17 grams, 30 tablets, 473 ML, 3 Eeaches). Upon billing, this data is translated to Milliliters, Grams, or Eeaches.</td>
<td>an S,Q</td>
<td></td>
<td>Field and values may be used in SCRIPT Standard Version 10.5 or greater but not in lower versions. For SCRIPT Standard Versions 5.0 through 10.4 refer to 1131 – Code List Qualifier – used for 6063 - Quantity Qualifier (X12 DE 355) in Section III-B.</td>
</tr>
</tbody>
</table>

**Values:**
<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC</td>
<td>NCPDP MeasurementUnitCode Terminology</td>
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</tbody>
</table>

**Organization Name**
National Cancer Institute

**Abstract**
NCI Thesaurus (NCT) NCICode - NCI Values - NCPDP Drug StrengthUnitOfMeasure Terminology

**Source**

Used in:
Quantity/QuantityUnitOfMeasure/Code
19. NEXT VERSION OF SCRIPT

Next Version of SCRIPT Implementation Planned

During the November 2021 NCPDP Work Group meetings, WG11 discussed the timeline for moving to the next version of the SCRIPT Standard under the Medicare Modernization Act (MMA) regulatory process. On the WG11 and WG14 work group pages on the NCPDP website in Members Only (http://www.ncpdp.org/members/Work-Group.aspx?ID=wg11 or http://www.ncpdp.org/members/Work-Group.aspx?ID=wg14), in the November zip file of materials, are three documents

- Changes since SCRIPT V2022011
- Timeframe Considerations
- New Standard Process

The industry is preparing for this timeline.

20. MODIFICATIONS TO THIS DOCUMENT

20.1 VERSION 1.40
Add new Frequently Asked Question: RefillResponse as Newly Authorized Prescription
Add new Section: RxChange

20.2 VERSION 1.41
Added new Frequently Ask Questions:
- RxHistory Request From a Hospital
- Pharmacist Initiated Electronic Prior Authorization

Added new Section: Triggering of Biologic or Biosimilar Substitution
Updated Section: Clarification of Numeric Representation for decimal formats
Removed references to WG11 Prescription Requirements Task Group
Clarified language in Section: RxChange
Updated language in Section: EHR and Prescribing System Vendors for the use of the Unspecified Quantity Unit Of Measure.

20.3 VERSION 1.42
Added new Frequently Asked Questions:
- State Specific Opioid Exemption Code for SCRIPT v10.6
- Diagnosis Code or Code on Dental Procedure and Nomenclature (CDT Code) on Controlled Substance Prescription

Moved the following Frequently Asked Questions to the appropriate section:
- Do You Allow the Standard to Support Non-Commercially Available Products?
- Is there a Best Practices Recommendation Around the Communication to the Pharmacy When Sending Two Orders to Equal a Non-Commercially Available Dose?

Updated <CouponNumber> to <PromotionNumber> in Section: Coupon/Discount Information Exchange
Updated prescriber system-assigned order number to prescribing system-assigned order number in Section: Changes to Existing Orders
Section: PatientCodifiedNotes was added to Section: XML Modifications

20.4 VERSION 1.43
New FAQs were added:
- How should prescribers indicate therapeutic substitution is permissible in order to comply with requirements (such as Arkansas) in SCRIPT 10.6?
- If a refill approval response is returned with 3 refills authorized for the quantity requested, how should this be interpreted by the Pharmacy?
- How should the <RelatesToMessageID> in the RxFill message be populated?

Section: Digital Signature was added.

Section: Triggering of Biologic and Biosimilar Substitutions was renamed to Triggering of Therapeutic, Biologic or Biosimilar Substitution and the language was updated accordingly.

20.5 Version 1.44

Added Section: V20170712 Republication Modifications and V20170713 Republication Modifications

Added new Frequently Asked Questions:
- How should the textual representation of numeric values (i.e. quantity prescribed, and date written) be communicated in electronic prescriptions.
- How should renewal requests for controlled substances be handled?

Updated Section: Inclusion of Diagnosis

Updated Section: ePrescribing best practices when rejecting a NewRx when the pharmacy is unable or unwilling to dispense to include including the correct value of “OS” for <MessageRequestCode>.

Updated and added new Frequently Asked Questions for Structured and Codified Sig usage to Section: Frequently Asked Questions

Updated Section: CancelRx

Added new Section: Renewal Request for an Electronic Prescription for Controlled Substances (EPCS)

20.6 Version 1.45

The following FAQ’s were updated:
- How should renewal requests for controlled substances be handled?”
- Coupon/Discount Information Exchange

Added the following new FAQs:
- If a provider approves a renewal request but the approval cannot be sent electronically, how should the provider convey to the pharmacy that a new prescription is coming via another means?
• Why is AdministrationTimingNumericValue Found in the MeasurementTiming elements in both Sig and Titration?
• Does the <ProhibitRenewalRequest> flag pertain to the original prescriber or the follow up prescriber?
• Expected Behavior for the <RangeComparison> Elements
• <NumberOfRefills> field on open ended orders
• Quantity sufficient in resupply transaction

References to Version 10.6 was removed from Assistance with the Use of SCRIPT in the Long Term and Post Acute Care Settings
Compound Guidance was added for v2017071 for long term and post acute care settings

Added Section: V20170714 Republication Modifications – July 2018

20.7 VERSION 1.46

• Replaced the table in the FAQ “How should the <RelatesToMessageID> in the RxFill message be populated?”.

• Add new FAQs:
  • For a medication history response, if a value of “AQ” is returned in the response is another medication history request sent?
  • How should the mandatory element of consent be handled in a Medication History Response?
  • DosePerDay and PADaysSupply
  • WrittenDate Population on CancelRxResponse

• Updated Section: Workflow – Prior Authorization to modify <PriorAuthorizationValue> to <PriorAuthorization>

• Updated Section: Usage with the Medication History Transaction to remove the following language:
  It is recommended that prescribers request Medication History from all applicable sources, whenever appropriate, to ensure the most complete view of a patient’s medication history. The Medication History may be reconciled with the prescriber’s patient record for improved medication management. This is especially useful if the prescriber does not have the ability to receive RxFill transactions and is monitoring certain medical conditions.

  The major differences between the RxFill and the Medication History transactions are timing, accuracy, and the automation of their processes. Medication History transactions are generally requested by the prescriber prior to a patient visit to facilitate complete and accurate records for that encounter and to assist in clinical decision support. Updates to the patient’s medication history might not be made until their next appointment. RxFill transactions could be received automatically by the prescriber, therefore keeping an
accurate picture of patient medication compliance at all times, not just prior to a patient visit. RxFill transactions (of ‘Dispensed’ or ‘Partially Dispensed type) are to be sent specifically at time of dispensing, so the accuracy of the information and timing surpasses the Medication History transaction.

If the prescriber intends to perform proactive medication compliance management with patients independent of an office visit, the difference in timing of the two transactions is important. If the prescriber does not use RxFill in a proactive way between patient visits, the value of RxFill is diminished and its overlap with the Medication History transaction increases.

- Updated Section: Changes to Existing Orders to remove specific section number and include Version 2017071.

**20.8 Version 1.47**

New/Updated Frequently Asked Questions:
- How should prescription for supplies be communicated when a UPC or other product identifier is not known?
- CancelRx for original prescription as well as a Renewal Response
- Usage of Facility Address on Discharge Orders
- Purpose of the <Mailbox><AcknowledgementID> in Resupply
- Prescriber and Recertification Message
- ASCII 7-Bit Character Set

Section added/updated:
- Injury Related
- Best Practices CancelRx and CancelRxResponse

**20.9 Version 1.48**

Made the following updated for Editorial Modifications
- Added Section: BenefitsCoordination Loops
- Add Section: Version 2018041

Corrected Section: Best Practices CancelRx and CancelRxResponse to add missing word “after”.

**20.10 Version 1.49**

- Updated the description of the document.
- Moved Frequently Asked Questions in Sections 2.6.8 through 2.6.18 to Sections 3.8.17 through 3.8.27
- Add the following new Frequently Asked Questions:
  - How is LastFillDate used in RxFill Transactions?
  - Should the <NumberOfRefills> Returned follow the <RxRenewalResponse> Logic or the <NewRx> Logic?
How do you use EPCS for patients with a foreign address in the SCRIPT Standard Version 10.6?

Is there a recommendation for EHRs using F&B or RTPB to check indication-based coverage to pull the indication selected into the e-prescription so the pharmacy gets a diagnosis code to submit on the billing claim?

How should the Supervisor’s State Controlled Substance Registration Number be transmitted for a Supervising Prescribing using the SCRIPT Standard?

How should State regulations that require specific verbiage be transmitted on all C-II opioid prescriptions, including electronic prescriptions?

Can I send allergens using only free text?

Is there a limit on the number of allergies or adverse events that I can send in a message?

How do I send multiple reactions to the same allergen?

How do I use the date fields in the AllergyOrAdverseEvent element?

Can resolved allergies or adverse events be transmitted?

If multiple prescriptions are sent for a patient where one message has allergies and the other does not, should it be assumed that the allergies have been resolved?

What is the expectation when allergies or adverse events are received from different sources that are in conflict?

Section Best Practices CancelRx and CancelRxResponse was updated.

20.11 Version 1.50

Added, Updated or moved the Following Frequently Asked Questions

How should the <RelatesToMessageID> in the message be populated?

What is the relationship between MessageRequestCode, MessageRequestSubCode and ResponseReasonCode in the RxChange Prescriber Authorization workflow, and how should they be populated?

Where do I transmit the Prior Authorization Number on the RxChangeResponse/Approved?

How should a note about the approval be sent?

Is there a way to transmit a note or additional free text reason as part of the denying of a RxChangeRequest?

ASCI 7-Bit Character Set

How do I transmit hours of administration for a medication order if the administration needs to be given within a time range?

How do I tie the hours of administration for a medication order to a specific administration for a multi schedule order?

Added Section: Type in the V2017071 Schema MeasurementFrequencyUnits

20.12 Version 1.51 November 2019

Removed Section SCRIPT 8.1.
Added the following General Recommendations/Frequently Asked Questions:

- **What level of the SNOMED CT® code set should be used to support the species data element?**
- **Do we send information related to substitutions for each dispensing event in an RxFill messages when required or requested when a substitution has occurred?**
- **How should I identify the product to which a patient has had an allergy or adverse event?**
- **If not all MessageRequestSubCode values can be validated, what should the response contain?**
- **How should the pharmacy notify the facility they are not dispensing a resupply due to an active suspension on the prescription?**
- **Should a Resupply message be sent if an active prescription administration suspension is in place due to a DrugAdministration message?**

Removed Section: Resupply

**20.13 Version 1.52 February 2020**

Continued cleanup of SCRIPT Version 10.6 related data from the guide.

Updated Sections:

- **Quantity Unit of Measure**
- **Fixed Quantity Orders**

Added the following FAQs:

- **When a prescriber location does not support a particular RxChange workflow associated with a MessageRequestCode, how should the prescribing system respond to those RxChange requests?**
- **Are prescribers/prescribing systems required to add height and weight for patients aged 18 and under when the height and/or weight are not applicable to the prescription? E.g., ophthalmic, otic or topical.**
- **The NCPDP SCRIPT Standard requires that all addresses are a valid mailing address. Certain countries however do not use a State/Province within their mailing address. France for examples only uses house number, street, Postal Code, City and Country without the subdivision names identified in ISO 3166-2, however the StateProvince element is a required element in the NCPDP Schema. For Countries where State/Province/Subdivision are not collected from patients, what should be sent within the StateProvince element?**

**20.14 Version 1.52 Republication March 2020**

Corrected Typos found in Sections:

- **Quantity Unit of Measure**
- **Fixed quantity orders**
20.15 VERSION 1.53 MAY 2020

Added the following FAQ:
- With which <PatientCodifiedNoteQualifier> is it appropriate to include a <Value>? And what does the value represent?
- Added new Section: General Recommendations for Incremental Fills
- Added title to Section 10.3 Implementation Guide Corrections
- Add new Section: Version 2017071

20.16 VERSION 1.53 JUNE 2020 REPUBLICATION

Updated FAQ: Massachusetts General Law c. 94C, § 22(c) states that “Any prescription issued by a practitioner for an opioid substance contained in Schedule II of section 3 shall include a notation on the prescription that the patient may fill, upon request, the prescription in compliance with subsection (d 3/4) of section 18 in an amount not to exceed the full prescribed quantity.” Can the <PatientCodifiedNote><Qualifier> of ‘AK’ also be used to comply with the Massachusetts requirement?

20.17 VERSION 1.54 AUGUST 2020

The following FAQ’s were removed from the document:
- Do you allow the Standard to support non-commercially available products?
- RxHistory Request from a Hospital

New FAQ’s:
- In any response message, what is the purpose of the field DenialReason?
- For Countries where ZIP or Postal Code are not part of the mailing address, what should be send within the postal code?
- Are the ProfessionalServiceCode values of RO and MO valid for use in the SCRIPT Standard V2017071?
- PAPriorityIndicator
- Duplicate Response Expectations
- What is the purpose of the ChangeReasonText element in the RxChangeRequest message?
- What elements can be changed in an <Approved> or <ApprovedWithChange>?
- Can a prescriber that is not the originating prescriber sign off a Recertification?
- Can the Recertification message be used to communicate a change of a prescriber to the dispensing pharmacy on an open order?
- Is there a billing impact related to the Recertification message?
- How to convey receiving pharmacy information when a CancelRx is received for a transferred prescription

New Sections added:
- Communication of Social Determinants of Health (SDoH) in SCRIPT messages
- Specific Allergy or Adverse Events Discussion
- Specific Guidance on Compounds
Updated Sections:
  • CancelRx

Grammatical and typographical corrections

20.18 VERSION 1.55 DECEMBER 2020

• Removed the following duplicative language from Section: Best Practice for CancelRx and CancelRxResponse
  o For LTPAC, the LONG-TERM CARE (LTC) MEDICATION CHANGE PROCESS as defined in the SCRIPT Standard Implementation Guide requires that a CancelRx is followed by a NewRx if updates to the medication are needed

• Removed Sections:
  o Structured and Codified Sig Implementation Guide Version 1.2
  o Demographic and Contact Information for Pharmacy, Facility, Prescriber and Supervisor
  o Prescriber, Pharmacy and Facility Identifiers
  o Patient Demographics and Identification
  o Coupon/Discount Information Exchange

• Removed Reference to Version 10.6 from Sections
  o Defining the Problem
  o Recommendations to Drug Compendia
  o Recommendations to EHR and Electronic Prescribing Vendors
  o Recommendations to Pharmacy System Vendors

• Added the following new Frequently Asked Questions
  o When should a sender include information in the conditional element of InjuryRelated?
  o How is the pharmacy kept in the loop during the PA process?
  o Can the PACancelRequest be used to cancel a PAAppeal
  o What is the purpose of the RxFill element MedicationDispensed/WarningLabel?

• Updated Sections:
  o Implementation of Structured and Codified Sig
  o Use Case for CancelRx (table)
  o Best Practices for the Use of Medication <Note>

20.19 VERSION 1.56 FEBRUARY 2021

Added the following new frequently asked questions.

• Is there a way for a prescriber to send a cancellation message that would Cancel the entire course of therapy instead of an individual prescription?
• There is currently misalignment between various transactions for what field attributes can be used for prior authorization Numbers.
• **Outside of structured sigs, how can a pharmacy designate if a prescription is an “As Needed Administration” versus “Routine Administration” to a facility in a Pharmacy Managed Order workflow?** Once the pharmacy processes a prescriber originated prescription and completed the dispensing activity, an RxFill is sent to the facility.

### 20.20 Version 1.57 May 2021

Updated the following Sections:
- Inclusion of Patient Height and Weight Data
- Inclusion of Patient Contact Information
- Inclusion of Patient Insurance Information
- Inclusion of Diagnosis
- Expedited Partner Therapy (EPT) Electronic Prescriptions
- RxChange

Removed the following Sections:
- State Controlled Substance Registration Number
- Industry Standard Methodology for using Electronic Controlled Substances in NCPDP Script 8.1
- Industry Standard Methodology for using Electronic Controlled Substances in NCPDP Script 10.6

Updated the following Frequently Asked Questions:
- ePrescribing best practices when rejecting a NewRx when the pharmacy is unable or unwilling to dispense.

Removed the following Frequently Asked Questions:
- What is the relationship between MessageRequestCode, MessageRequestSubCode and Response ReasonCode in the RxChange Prescriber Authorization Workflow, and how should they be populated?

Added the following Frequently Asked Questions:
- How should a prescriber indicate on an electronic prescription that the insulin is prescribed is for use in an insulin pump?
- Currently `<RefillsRemaining>` is defined as a whole number. However, the quantity dispensed may be less than or greater than the prescribed quantity per fill. In these instances, the refills remaining for a prescription may not be a whole number. How should `<RefillsRemaining>` be populated in the instances?
- Why does the schema not require a medication element in the RxFill message?
- How can specific patient or medication information be shared with a third party provider for non-dispensing activities?
• Outside of structured Sig, how can a pharmacy designate if a prescription is an ‘As Needed Administration’ versus ‘Routine/Maintenance Administration’ to a facility in a pharmacy managed order workflow?

20.21 VERSION 1.58 AUGUST 2021

The following FAQ was added:
• What are the expectations on the time frame from receiving the RxTransferResponse until the RxTransferConfirm is received?

The following FAQs were updated:
• ePrescribing best practices when the pharmacy is unable or unwilling to dispense
• How is the LastFillDate used in RxFill transactions?
• Do we send information related to substitution for each dispensing even in an RxFill message when required or requested when a substitution occurred?
• Using NCPDP SCRIPT RxFill messages, how can a pharmacy communication to the prescriber why the pharmacy dispensed an incremental quantity of the quantity prescribed amount of a Schedule II drug?

The Following FAQs were removed:
• How should the <RelatesToMessageID> in the message be populated?

The following sections were updated:
• RxNorm Guidance for SCRIPT
• RxFill Recommendations

The following section was removed
• RxFill

Updated Version 1.57 modification to include FAQs that were left off the change log

20.22 VERSION 1.59 NOVEMBER 2021

Removed the following sections:
• Proper Use of Days Supply
• Best Practices for the Use of Medication <Note>
• Pharmacy Determines Quantity Orders

Updated the following sections:
• Inclusion of Diagnosis
• How should prescribers indicate therapeutic substitution is permissible in order to comply with requirements (such as Arkansas)in SCRIPT 2017071?
• How should State regulations that require specific verbiage be transmitted on all C-11 Opioid Prescriptions, including electronic prescriptions?
• ASCII 7-Bit Character Set
• RxNorm Guidance for SCRIPT
• Medication Source Vocabulary for Certification Testing
• Brand medically necessary for Medicaid Prescriptions
• Discussion of Written Date
• How do I send a structured Sig for “As Needed” prescription without an indication for use?
• Version 2017071
• Use of Diagnosis in LTPAC

Added the following new guidance:
• How can pharmacy systems that manage prescriptions for care setting provide a new RxReferenceNumber when renewing prescription as well as a previous RxReferenceNumber for the care setting system to reconcile to the patient’s medication profile?

Editorial Updates:
• Removed references to specific IDC code sets and just reference ICD code(s)
• Formatting errors

20.23 Version 1.60 February 2022

Updated the following:
• Table 1 Pediatric Requirements for Safe and Effective e-Prescribing
• RxNorm Guidance for SCRIPT
• Brand Medically Necessary for Medicaid Prescriptions
• Assistance with the use of SCRIPT in the Long Term Post Acute Care Setting
• <NumberOfRefills> field on open ended orders.
• Purpose of the <Mailbox><AcknowledgementID> in Resupply
• Outside of structured Sig, how can a pharmacy designate if the prescription is an ‘As Needed Administration’ versus ‘Routine Administration’ to a facility in a Pharmacy Managed Order Workflow? Once the pharmacy processes a prescriber originated prescription and completes the dispensing activity, an RxFill is sent to the Facility.
• Next Version of SCRIPT

Added the following Section:
• Version 20220111 Reproduction

Removed the Following:
• Is there a best practices recommendations around the communication to the pharmacy when sending two orders to equal a non-commercially available dose?
• If a refill approval response is returned with 3 refills authorization for the quantity requested, how should this be interpreted by the pharmacy? As a total quantity of 4 fills (the 30 in the original request + 3 refills of 30 for a total quantity of 120; or as 3 fills total of the quantity in the request for a total quantity of 90)?
- Medications Source Vocabulary for Certification Testing
- Drug Compendia
- EHR and Prescribing System Vendors
- Changes to Existing Orders
- Removed the change log from Version 1.1 through V1.39

**20.24 Version 1.61 May 2022**

<table>
<thead>
<tr>
<th>Section Number</th>
<th>Section Title</th>
<th>Change Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Best Practice for Oral Medications</td>
<td>Updated the link to the referenced white paper.</td>
</tr>
<tr>
<td>3.4.15</td>
<td>How should renewal request for Controlled Substances be handled?</td>
<td>Replaced the entire response.</td>
</tr>
<tr>
<td></td>
<td>How do you use EPCS for patients with a foreign address in the SCRIPT Standard Version 10.6?</td>
<td>Removed the FAQ from the document.</td>
</tr>
<tr>
<td>3.4.57</td>
<td>How can a prescriber transmit the expiration date on an electronic prescription?</td>
<td>New question and response added.</td>
</tr>
<tr>
<td>3.4.58</td>
<td>What data should be included in an electronic prescription that requires a modified dose of a prepackaged product (e.g., Paxlovid for renally impaired patients)?</td>
<td>New question and response added.</td>
</tr>
<tr>
<td>3.4.59</td>
<td>How should the prescriber convey to the pharmacy that a prescription should not be filled immediately?</td>
<td>New question and response added.</td>
</tr>
<tr>
<td>5</td>
<td>Controlled Substance Prescriptions</td>
<td>Replaced the information in the section and removed the associated sub-sections and footnote.</td>
</tr>
<tr>
<td>16.3.16</td>
<td>Can the concept of open-ended orders be communicated in messages other than NewRx?</td>
<td>New question and response added.</td>
</tr>
</tbody>
</table>
# 20.25 Version 1.61 June 2022 republication

<table>
<thead>
<tr>
<th>Section Number</th>
<th>Section Title</th>
<th>Change Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.3</td>
<td>Recommendations to Drug Compendia</td>
<td>Removed 10.6 reference in 2.</td>
</tr>
<tr>
<td>3.48</td>
<td>Where should State Specific Opioid Exemption Codes be populated in SCRIPT v10.6</td>
<td></td>
</tr>
<tr>
<td>3.4.9</td>
<td>I am required to send either a diagnosis code or a Code on Dental Procedures and Nomenclature (CDT Code) on controlled substances prescription. How do I send this in the SCRIPT transactions?</td>
<td>Moved to section 5.1</td>
</tr>
<tr>
<td>3.4.15</td>
<td>How should renewal requests for controlled substances be handled?</td>
<td>Moved to section 5.1</td>
</tr>
<tr>
<td>3.4.23</td>
<td>How should the Supervisor’s State Controlled Substance Registration Number be transmitted for a supervising prescriber in the SCRIPT Standard?</td>
<td>Moved to section 5.1</td>
</tr>
<tr>
<td>3.5.3</td>
<td>How should the specific verbiage, required by State regulations be transmitted on a Schedule II opioid prescriptions, including electronic prescriptions?</td>
<td>Moved to section 5.1</td>
</tr>
<tr>
<td>3.5.4</td>
<td>Using NCPDP SCRIPT RxFill messages, how can a pharmacy communicate to the prescriber why the pharmacy dispensed an incremental quantity of the Quantity Prescribed amount of a Schedule II drug?</td>
<td>Moved to section 5.1</td>
</tr>
<tr>
<td>5.1</td>
<td>Frequently Asked Questions</td>
<td>New Section to hold all Controlled Substance related FAQs.</td>
</tr>
<tr>
<td>5.1 (old)</td>
<td>Renewal Requests for an Electronic Prescription for Controlled Substances (EPCS)</td>
<td>removed</td>
</tr>
<tr>
<td>Section Number</td>
<td>Section Title</td>
<td>Change Description</td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------------------------------------------</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td>3.4</td>
<td>Best Practices for Telehealth</td>
<td>New section for FAQ related to telehealth.</td>
</tr>
<tr>
<td>3.4.1</td>
<td>How should a prescriber indicate that a prescription was the result of a Telehealth visit.</td>
<td>New FAQ</td>
</tr>
<tr>
<td>3.4.2</td>
<td>When a valid practitioner-patient relationship is required for prescribing via Telehealth, how should it be noted in an electronic prescription.</td>
<td>New FAQ</td>
</tr>
<tr>
<td>5.1.11</td>
<td>If the RxChangeResponse contains a Controlled Substance, is the digital signature required?</td>
<td>New FAQ</td>
</tr>
<tr>
<td>17</td>
<td>Trace Number Usage</td>
<td>New Section</td>
</tr>
<tr>
<td>Section Number</td>
<td>Section Title</td>
<td>Change Description</td>
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<tr>
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<td>------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>3.3.5</td>
<td>Best Practices for Prescriber and Patient Addresses</td>
<td>New section</td>
</tr>
<tr>
<td>3.5.1</td>
<td>ePrescribing Best Practices When the Prescriber Will Not Have a Continued Relationship With the Patient or Will Have a Temporary Interruption in an Existing Relationship</td>
<td>Removed all references to REFREQ and added RefillRequest/RenewalRequest</td>
</tr>
<tr>
<td>3.5.2</td>
<td>ePrescribing Best Practices When the Patient request the Pharmacist Send Refill Requests to a Different Prescriber or the Pharmacy is Forced to do so by Circumstances, such as Prescriber Temporary or Permanent Unavailability</td>
<td>Removed all references to REFREQ</td>
</tr>
<tr>
<td>3.5.4</td>
<td>Zero Refills Authorized on a Renewal Request</td>
<td>Removed all references to REFREQ. Updated the Error Message table to only have one column for ECL.</td>
</tr>
<tr>
<td>3.5.55</td>
<td>How can MedicationPrescribed/OtherMedicationDate be populated on electronic prior authorization messages?</td>
<td>New FAQ</td>
</tr>
<tr>
<td>3.5.56</td>
<td>Can MedicationPrescribed/OtherMedicationDate have past dates on electronic prior authorization messages?</td>
<td>New FAQ</td>
</tr>
<tr>
<td>3.5.57</td>
<td>How does the SCRIPT Standard support the administration of products by various providers outside of patient self-administration?</td>
<td>New FAQ</td>
</tr>
<tr>
<td>3.5.58</td>
<td>How to comply with the DEA requirement “(c) Where a prescription is for gamma-hydroxybutyric acid, the practitioner shall note on the face of the prescription the medical need of the patient for the prescription.”?</td>
<td>New FAQ</td>
</tr>
<tr>
<td>5.1.12</td>
<td>Can the DigitalSignature element be used on non-controlled substances medications?</td>
<td>New FAQ</td>
</tr>
<tr>
<td>11.3.3</td>
<td>Duplicate Response Expectations</td>
<td>Section updated</td>
</tr>
<tr>
<td>16.3.17</td>
<td>How should a LTPAC setting communication the date recertified on a Resupply message for version 2017171?</td>
<td>New FAQ</td>
</tr>
<tr>
<td>Section Number</td>
<td>Section Title</td>
<td>Change Description</td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>3.5.59</td>
<td>How can a prescriber indicate on an electronic prescription that a patient is receiving the prescription as a participant in a qualifying clinical trial?</td>
<td>New FAQ</td>
</tr>
<tr>
<td>3.5.60</td>
<td>How should a prescriber's credentials be sent in a SCRIPT/NewRx messages as required by law in some states?</td>
<td>New FAQ</td>
</tr>
<tr>
<td>3.4.61</td>
<td>How should World Trade Center (WTC) Health Program be noted on an electronic prescription?</td>
<td>New FAQ</td>
</tr>
<tr>
<td>9.13</td>
<td>DefaultNextQuestionID</td>
<td>New FAQs</td>
</tr>
<tr>
<td>9.14</td>
<td>Multi-Select Questions</td>
<td>New FAQs</td>
</tr>
<tr>
<td>16.3.18</td>
<td>How does a pharmacy indicate the medication is a Medicare Part B covered drug that requires additional information on subsequent Resupply messages, for example remaining quantity on hand at the LTPAC setting?</td>
<td>New FAQ</td>
</tr>
<tr>
<td>16.3.19</td>
<td>How does the LTPAC setting provide additional information required to refill a Part B covered medication?</td>
<td>New FAQ</td>
</tr>
</tbody>
</table>
**20.29 Version 1.65 May 2023**

<table>
<thead>
<tr>
<th>Section Number</th>
<th>Section Title</th>
<th>Change Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Administrative Updates thought the document</td>
<td>Updated hyperlinks.</td>
</tr>
<tr>
<td><strong>3.1</strong></td>
<td>Best Practices for Oral Medications</td>
<td>Removed “Future versions of SCRIPT will remove teaspoon, tablespoon, etc. from the available dose set in order to systematically support this patient safety initiative.</td>
</tr>
<tr>
<td><strong>3.4.4</strong></td>
<td>Inclusion of Diagnosis</td>
<td>Updated with “or regulatory compliance”.</td>
</tr>
<tr>
<td></td>
<td>If a provider approved a renewal request but the approval cannot be sent electronically, how should the provider convey to the pharmacy that a new prescription is coming via another means?</td>
<td>FAQ was removed. See Section <strong>11.1.6</strong> for replacement.</td>
</tr>
<tr>
<td><strong>10.1.16</strong></td>
<td>Version 2022011 through 2023071</td>
<td>Administrative modifications to the schema.</td>
</tr>
<tr>
<td><strong>10.3.5</strong></td>
<td>Version 2022011 through 2023071</td>
<td>Editorial Corrections in Imp Guides</td>
</tr>
<tr>
<td><strong>11.1.1</strong></td>
<td>Use Cases For CancelRx</td>
<td>Updated footnote 1 and 4 under the table.</td>
</tr>
<tr>
<td><strong>11.1.6</strong></td>
<td>CancelRx workflow related to non-electronic responses for RxChange and RxRenewal</td>
<td>Replaced Question and Response</td>
</tr>
<tr>
<td><strong>18.1.1</strong></td>
<td>SCRIPT Field References</td>
<td>Removed references to 10.6 and updated text</td>
</tr>
</tbody>
</table>

**20.30 Version 1.66 August 2023**

The following were updated:
<table>
<thead>
<tr>
<th>Section Number</th>
<th>Section Title</th>
<th>Change Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Administrative Update</td>
<td>Question 5.1.9 was removed as it was a duplicate of 5.1.5.</td>
</tr>
<tr>
<td></td>
<td>Administrative Update</td>
<td>Question 5.1.11 was removed as it is a duplicate of 5.1.8.</td>
</tr>
<tr>
<td>3.4.1</td>
<td>Inclusion of Patient Height and Weight</td>
<td>Language was updated to include the deleted question “Are prescribers/prescribing systems required to add height and weight for patients aged 18 and under when the height and/or weight are not applicable to the prescription? E.g., ophthalmic, otic and topical.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Question was deleted and incorporated into Section 3.4.1</td>
</tr>
<tr>
<td>3.6.0</td>
<td>What should be entered in required name element (First and Last) for individuals with a mononymous (singular) name?</td>
<td>New FAQ added.</td>
</tr>
<tr>
<td>3.6.1</td>
<td>Insulin Delivery Method Version 2027071</td>
<td>New FAQ added.</td>
</tr>
<tr>
<td>3.6.2</td>
<td>Insulin Deliver Method Future SCRIPT (Version 2022011)</td>
<td>New FAQ added.</td>
</tr>
<tr>
<td>3.6.3</td>
<td>When is the prescriber required to send a NADEN and how should it be sent.</td>
<td>New FAQ added.</td>
</tr>
<tr>
<td>3.6.4</td>
<td>For veterinarian prescriptions, the SCRIPT Implementation Guides says valid values for the Veterinarian/Specialty element are 174M00000X for Veterinarian or 174MM1900X for Medical Research Veterinarian; however, the schema for CancelRx for V2017071 contains a restrictions that does not allow either of those values. What Specialty value should be sent for veterinarian prescriptions</td>
<td>New FAQ added.</td>
</tr>
<tr>
<td>Section</td>
<td>Description</td>
<td>Changes</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
<td>---------</td>
</tr>
<tr>
<td>5.1.5</td>
<td>How should the specific verbiage required by state regulations be transmitted on all Schedule II (C-II) opioid prescriptions, including electronic prescriptions?</td>
<td>Added (C-II) to the question.</td>
</tr>
<tr>
<td>8.7</td>
<td>Sig Grammer Rules</td>
<td>Add the following new rule: • If DoseDeliveryMethod is equal to “Instill”, “Place”, “Insert”, or “Inject”, “in” is implied and added before SiteOfAdministration. o “Instill 1 drop in both eyes twice daily”</td>
</tr>
<tr>
<td>9.13</td>
<td>Determining the First Question and Question Set Flow</td>
<td>New section added.</td>
</tr>
<tr>
<td>11.4.11</td>
<td>RxChange Frequently Asked Questions</td>
<td>New section added</td>
</tr>
<tr>
<td>11.4.11.1</td>
<td>On RxChangeRequest, is the ChangeReasonText field required?</td>
<td>New FAQ</td>
</tr>
</tbody>
</table>

**20.31 Version 1.67 November 2023**

The following were updated:
### Version 1.66 August 2023

<table>
<thead>
<tr>
<th>Section Number</th>
<th>Section Title</th>
<th>Change Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Editorial Updates</td>
<td>Starting with V1.66 the date added, or the last update date was added to all new and updated questions. Starting with V1.67 the Version number associated with the question was added.</td>
</tr>
<tr>
<td>1</td>
<td>Purpose</td>
<td>Added the following sentence: It is expected that user of the standard comply with all applicable laws and regulations.</td>
</tr>
<tr>
<td>2.6.4</td>
<td>What is a Representative NDC?</td>
<td>Editorial Correction. Changed imbedded to embedded</td>
</tr>
<tr>
<td></td>
<td>ePrescribing Best Practices When the Prescriber Will Not Have a Continued Relationship with the Patient or Will Have a Temporary Interruption in an Existing Relationship</td>
<td>Was removed since the information can be found in the V2017071 Implementation Guide renumbering of the remaining items in the section</td>
</tr>
<tr>
<td></td>
<td>Editorial Corrections</td>
<td>Updated incorrect transaction names throughout the document.</td>
</tr>
<tr>
<td>3.6.3</td>
<td>Zero Refills Authorized on a RenewalResponse</td>
<td>Updated title to be Response instead of Request. Updated the example to the current schema and removed the sentence: The DEA may well not agree that we should fill a controlled substance Rx that was approved for “0” fills.</td>
</tr>
<tr>
<td>3.6.16</td>
<td>Should the &lt;NumberOfRefills&gt; returned follow the RxRenewalResponse Logic or the NewRx logic. I.E., If a RxRenewalResponse of &lt;Replace&gt; is returned with a ‘3’ in the &lt;MedicationResponse&gt;&lt;NumberOfRefills&gt;, should this be interpreted by the Pharmacy as the total quantity of 4 dispense events (The original dispensing + 3 refills for a total of 4 dispensings events: or as 3 dispensing events total)?</td>
<td>Editorial correction to update the names of the elements in the text.</td>
</tr>
<tr>
<td>3.6.33</td>
<td>When a prescriber location does not support a particular RxChange workflow associated with a MessageRequestCode, how should the prescribing system respond to those RxChange request.</td>
<td>Updated guidance to include the use of &lt;DescriptionCode&gt;.</td>
</tr>
<tr>
<td>Section</td>
<td>Description</td>
<td>Change Type</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
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</tr>
<tr>
<td>3.6.64</td>
<td>What is the difference between a fillable or non-fillable transaction?</td>
<td>New FAQ</td>
</tr>
<tr>
<td>3.9</td>
<td>Covering Prescriber and Prescriber Agent</td>
<td>New Section</td>
</tr>
<tr>
<td>5.1.7</td>
<td>How should renewal request for controlled substances be handled?</td>
<td>Removed the picture of the schema.</td>
</tr>
<tr>
<td>10.1.7</td>
<td>Version 2021071 through 2023071</td>
<td>Modifications causing a republication of the schema.</td>
</tr>
<tr>
<td>11.1.6</td>
<td>CancelRx workflow related to non-electronic response for RxChange and RxRenewal</td>
<td>Added “through non-electronic means (e.g., phone call) to the second bullet.</td>
</tr>
<tr>
<td></td>
<td>Last Fill Date on a Refill Request</td>
<td>Section was removed since it is no longer relevant. NewRxRequest is now available for use.</td>
</tr>
<tr>
<td></td>
<td>Prescribed Medication Information on a Refill Request</td>
<td>Section was removed since it is no longer relevant.</td>
</tr>
<tr>
<td></td>
<td>RefillResponse as Newly Authorized Prescription</td>
<td>Section was removed since it was guidance for V10.6.</td>
</tr>
<tr>
<td></td>
<td>Duplicate Response Expectations</td>
<td>Section was removed.</td>
</tr>
</tbody>
</table>