

SCRIPT IMPLEMENTATION RECOMMENDATIONS

This document provides implementation requirements for complying with Prescription Model Act requirements when transmitting NCPDP SCRIPT transactions. This document also contains editorial corrections, clarifications to the NCPDP SCRIPT Implementation Guide documents.

December 2014

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SCRIPT Implementation Recommendations

Version 1.29

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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. 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, clarifications to the NCPDP SCRIPT Implementation Guide documents.

The SCRIPT Standard and all NCPDP standards are available with membership at www.ncdp.org.

1.1 STRUCTURED AND CODIFIED SIG IMPLEMENTATION GUIDE VERSION 1.2

For implementing the Structured Sig Segment in SCRIPT versions 10.6 through 2011, the **NCPDP Structured and Codified Sig Implementation Guide Version 1.2** should be referenced for more detailed explanation, situational rules and guidance.

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 is using 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
GLIPIZIDE 5 MG TB24
GLIPIZIDE 5MG TAB OSM 24
GlipiZIDE Extended Release 5 mg tablet, extended release
GLIPIZIDE 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.

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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.

Important Note to implementers of SCRIPT version 10.6: These recommendations may not be in sync with the SCRIPT version 10.6 Implementation Guide (sections “DRU Drug Segment” and “Proper Transmission of Full Drug Name, Strength, and Form”) regarding the use of the Item Description (<DrugDescription>) and Item Number (<ProductCode>). The implementer is **strongly recommended** to use the guidance below to the best of their ability for best practices as the guidance will be incorporated into a future version of SCRIPT.

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	Good examples	Bad examples
Product Name(s)	<ul style="list-style-type: none">• Lipitor• Diltiazem HCl	<ul style="list-style-type: none">• HCTZ• APAP

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		<ul style="list-style-type: none">• AZT
Strength and Strength Form (when necessary)	<ul style="list-style-type: none">• 180 MG• 200MG/5ML or 200 mg/5 mL• Adderall (note: mixed salts of a single-entity/amphetamine product can be listed per label expression instead of the list of individual ingredients)• Arthrotec 50 Delayed-Release Tablet (note: product contains two active ingredients but name reflect only one with no mg designation.)	<ul style="list-style-type: none">• 180• 200-5• 40/ML
Dosage Form	<ul style="list-style-type: none">• Tablets• Capsules• Kits (note: when more than one dosage form)• 12 HR Delayed Release Tablets• 24 HR Extended Release Capsules• Each (Prevpac is provided as 14 cards of 8 tablets and capsules for a total quantity of 112 Each per NCPDP recommendations)	<ul style="list-style-type: none">• TB• CP• KT• 12h• TB24• EA
Route of Administration (when necessary)	<ul style="list-style-type: none">• Oral• Topical• External	<ul style="list-style-type: none">• PO• OR• Do not abbreviate oral as OR

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 that relates to the compendia recommended ePrescribing Name.
 - 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 (DRU 010-1013-02-7008) or (<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:

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- a. If an EHR and electronic prescribing system utilizes a compendia,
 - i. If an RxNorm concept exists, send the RxCUI and the compendia recommended ePrescribing Name.
 - ii. If an RxNorm concept does not exist, send a Representative NDC and the compendia recommended ePrescribing Name.
 - iii. 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 compendia 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.
 - c. For compound drugs using SCRIPT 10.6
 - i. Because no NDC or RxCUI is available for the entire formulation the Item Number (or <ProductCode>) must not be populated.
 - ii. If the complete description of the components of the compound cannot be provided in the Item Description (or <Drug Description>), the prescription should be sent in an alternative method (written/phone/etc.).
 - iii. Future versions of SCRIPT support multi-ingredient compound exchange.
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 compendia- 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 compendia,
 - 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.
 - c. For compound drugs, no NDC or RxCUI is available for the entire formulation. For compound drugs, the ePrescribing Name for the entire formulation may be locally-agreed upon (e.g. magic mouthwash, butt cream). In this situation it is acceptable to not send an RxCUI or Representative NDC. This is only allowed in SCRIPT 10.6. In SCRIPT 10.7 there is support for multi-ingredient compound exchange.

2.6 FREQUENTLY ASKED QUESTIONS

2.6.1 WHY DOESN'T A PRODUCT HAVE AN IDENTIFIER?

Answer:

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?

Answer:

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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?

Answer:

If not using a drug compendium, RxNorm is to be used (<http://www.nlm.nih.gov/research/umls/rxnorm/index.html>).

Additional sources of representative product labeling are

- DailyMed - <http://dailymed.nlm.nih.gov/dailymed/>
- drugs@fda - <http://www.accessdata.fda.gov/scripts/cder/drugsatfda/>

2.6.4 WHAT IS A REPRESENTATIVE NDC?

Answer: 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 imbedded 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?

Answer: 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?

Answer: 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?

Answer: 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 <http://www.ncdpd.org/Education/Whitepaper> 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

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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, Klor-
  CON) 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:

```
<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:

```
<MedicationPrescribed>
  <DrugDescription>NIFEDIPINE ER 30 MG TABLET</DrugDescription>
  <DrugCoded>
    <ProductCode>00093205701</ProductCode>
    <ProductCodeQualifier>ND</ProductCodeQualifier>
```

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```
<DrugDBCode>198034</DrugDBCode>  
  <DrugDBCodeQualifier>SCD</DrugDBCodeQualifier>  
</DrugCoded>
```

2. Example 2

If the Klor-Con brand was intended:

```
<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:

```
<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 OVERVIEW

3.1.1 NABP MODEL STATE PHARMACY ACT AND MODEL RULES

*National Association of Boards of Pharmacy Model State Pharmacy Act and Model Rules
("The Model Act")¹*

Section 3. Prescription Drug Order Processing.

(a) Prescription Drug Order

A Prescription Drug Order shall contain the following information at a minimum:

- (1) full name, date of birth, and street address of the patient;*
- (2) name, prescribing Practitioner's license designation, address, and, if required by law or rules of the Board, DEA registration number of the prescribing Practitioner;*
- (3) date of issuance;*
- (4) name, strength, dosage form, and quantity of Drug prescribed;*
- (5) directions for use;*
- (6) refills authorized, if any;*
- (7) if a written Prescription Drug Order, prescribing Practitioner's signature;*
- (8) if an electronically transmitted Prescription Drug Order, prescribing Practitioner's electronic or digital signature;*
- (9) if a hard copy Prescription Drug Order generated from electronic media, prescribing Practitioner's electronic or manual signature. For those with electronic signatures, such Prescription Drug Orders shall be applied to paper that utilizes security features that will ensure the Prescription Drug Order is not subject to any form of copying and/or alteration.*

3.2 IMPLEMENTATION TO THE SCRIPT STANDARD

The following section cites The Model Act italics with the requirement **in gray**. It then denotes the NCPDP SCRIPT Standard fields used to satisfy the requirement. As the industry is currently using SCRIPT version 8.1, preparing to move to SCRIPT version 10.6, and moving forward with enhancements for SCRIPT version 10.10, all three versions are listed to provide guidance to the implementer.

The SCRIPT fields used to identify the drug product have evolved over the various versions of the standard. The following are excerpts from three specific versions and attempt to illustrate this evolution. However, a properly formatted drug name, based upon the discussions above, will contain the dosage

¹ August 2014: <http://www.nabp.net/publications/model-act> Cited with permission by NABP.

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form, strength, and strength unit of measure whenever possible. (Exceptions include, but may not be limited to products that have no specific strength or strength unit of measure, and products that contain multiple ingredients and strengths—e.g., prenatal vitamins.) The guidance in each section below indicates that a proper prescription drug order is to minimally contain these elements when appropriate to the drug product. The guidance does not state that these separate fields must be transmitted—they are conditional fields, meaning only to be sent if they further clarify the transaction. In fact, some argue that sending these separate fields only provides opportunity for confusion if they do not match with the information contained within the drug description itself.

3.2.1 SCRIPT 8.1

A Prescription Drug Order shall contain the following information at a minimum:

(1) full name, date of birth, and street address of the patient;

SCRIPT Fields and Designation:

Segment	Field ID	Field Name	Designation
PTT	030-1002-01-3036	Last Name	Mandatory
PTT	030-1002-02-3702	First Name	Mandatory
PTT	030-1002-03-3704	Middle Name	Conditional
PTT	030-1002-03-3706	Name Suffix	Conditional
PTT	030-1002-03-3708	Name Prefix	Conditional
PTT	060-1004	Address	Conditional, with note to send whenever possible
PTT	020-2700	Century Date	Date of Birth. Conditional, with note to send whenever possible (Date of Birth is mandatory in future versions.)

Recommendation:

1. If patient is homeless, the text “HOMELESS” should be put in the Street Address.
2. The City, State, Zip should contain the local area.
3. If the address of the patient is unable to be obtained, the text “UNKNOWN” should be put in the Street Address.
4. The City, State, Zip should contain the local area. These rare conditions may affect the receiver’s matching of the patient, or will be different than what the receiver has on file.

(2) name, prescribing Practitioner’s license designation, address, and, if required by law or rules of the Board, DEA registration number of the prescribing Practitioner;

SCRIPT Fields and Designation:

Segment	Field ID	Field Name	Designation
PVD	020-1001-01-1154	Reference Number	Mandatory
PVD	020-1001-02-1153	Reference Qualifier	Mandatory
PVD	040-1007-03-7990	Provider Specialty code	Conditional
PVD	050-1002-01-3036	Last Name	Mandatory
PVD	050-1002-02-3702	First Name	Conditional
PVD	050-1002-03-3704	Middle Name	Conditional
PVD	050-1002-04-3706	Name Suffix	Conditional
PVD	050-1002-05-3708	Name Prefix	Conditional
PVD	080-1004-01-3042	Street and Number/P.O.	Conditional

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		Box	
PVD	Ø8Ø-IØØ4-Ø2-3164	City Name	Conditional
PVD	Ø8Ø-IØØ4-Ø3-3229	Country Sub-entity Identification	Conditional
PVD	Ø8Ø-IØØ4-Ø4-3251	Postcode Identification	Conditional
PVD	Ø8Ø-IØØ4-Ø5-3227	Place/Location Qualifier	Conditional
PVD	Ø8Ø-IØØ4-Ø6-3224	Place/Location	Conditional
PVD	Ø9Ø-IØ16	Communication Number	PVD Ø9Ø-IØ16-Ø1-3148 Communication Number – Prescriber contact number – Mandatory for at least one occurrence

Recommendation:

1. There must be at least one character for the first name of the Prescriber.
2. The practicing address should be the same address listed within the prescriber directory(ies). This address is what the pharmacy uses to do prescriber matching.
3. The Provider Specialty Code contains the taxonomy applicable for the prescribing Practitioner's license designation.

(3) date of issuance;

SCRIPT Fields and Designation:

Segment	Field ID	Field Name	Designation
DRU	Ø4Ø-IØØ6-Ø2-238Ø	Date	Mandatory

(4) name, strength, dosage form, and quantity of Drug prescribed;

SCRIPT Fields and Designation:

Segment	Field ID	Field Name	Designation
DRU	Ø1Ø-IØ13-Ø2-7ØØ8	Item Description - drug name	Mandatory
DRU	Ø1Ø-IØ13-Ø6-444Ø	Free Text – Drug strength	Conditional
DRU	Ø2Ø-IØØ9-Ø2-8ØØ9	Item Quantity	Mandatory

Recommendation:

1. From the SCRIPT Implementation Guide the following is stated for the Item Description: "Is the self-contained full drug name, strength, and form."
2. The NABP Model Act recommends "A Prescription Drug Order shall contain the following information at a minimum: name, strength, dosage form, and quantity of Drug prescribed". The recommendation for an electronic prescription is that 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.

(5) directions for use;

SCRIPT Fields and Designation:

Segment	Field ID	Field Name	Designation
DRU	Ø3Ø-IØ14-Ø2	Sig instructions	Mandatory

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(6) *refills authorized, if any;*

SCRIPT Fields and Designation:

Segment	Field ID	Field Name	Designation
DRU	Ø6Ø-Ø18-Ø1-6Ø63	Quantity Qualifier – Refills	Mandatory
DRU	Ø6Ø-Ø18-Ø2-8Ø1Ø	Quantity	Conditional Mandatory

(7) *if a written Prescription Drug Order, prescribing Practitioner’s signature;*

Not applicable

(8) *if an electronically transmitted Prescription Drug Order, prescribing Practitioner’s electronic or digital signature;*

Signature electronically is identified by the authorization of the prescription on the vendor system, and then the authorization and certification of use established via the network intermediary.

(9) *if a hard copy Prescription Drug Order generated from electronic media, prescribing Practitioner’s electronic or manual signature. For those with electronic signatures, such Prescription Drug Orders shall be applied to paper that utilizes security features that will ensure the Prescription Drug Order is not subject to any form of copying and/or alteration.*

Not applicable

3.2.2 SCRIPT 1Ø.6

Red font indicates a difference from SCRIPT 8.1.

A Prescription Drug Order shall contain the following information at a minimum:

(1) *full name, date of birth, and street address of the patient;*

SCRIPT Fields and Designation:

Segment	Field ID	Field Name	Designation
PTT	Ø3Ø-ØØ2-Ø1-3Ø36	Last Name	Mandatory
PTT	Ø3Ø-ØØ2-Ø2-37Ø2	First Name	Mandatory
PTT	Ø3Ø-ØØ2-Ø3-37Ø4	Middle Name	Conditional
PTT	Ø3Ø-ØØ2-Ø3-37Ø6	Name Suffix	Conditional
PTT	Ø3Ø-ØØ2-Ø3-37Ø8	Name Prefix	Conditional
PTT	Ø6Ø-ØØ4	Address	Conditional, with note to send whenever possible
PTT	Ø2Ø-27ØØ	Century Date	Date of Birth. Conditional, with note to send whenever possible (Date of Birth is mandatory in future versions.)

Recommendation:

1. If patient is homeless, the text “HOMELESS” should be put in the Street Address.
2. The City, State, Zip should contain the local area.

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3. If the address of the patient is unable to be obtained, the text “UNKNOWN” should be put in the Street Address.
4. The City, State, Zip should contain the local area. These rare conditions may affect the receiver’s matching of the patient, or will be different than what the receiver has on file.

(2) *name, prescribing Practitioner’s license designation, address, and, if required by law or rules of the Board, DEA registration number of the prescribing Practitioner;*

SCRIPT Fields and Designation:

Segment	Field ID	Field Name	Designation
PVD	Ø2Ø-IØØ1-Ø1-1154	Reference Number	Mandatory
PVD	Ø2Ø-IØØ1-Ø2-1153	Reference Qualifier	Mandatory
PVD	Ø4Ø-IØØ7-Ø3-799Ø	Provider Specialty code	Conditional
PVD	Ø5Ø-IØØ2-Ø1-3Ø36	Last Name	Mandatory
PVD	Ø5Ø-IØØ2-Ø2-37Ø2	First Name	Conditional
PVD	Ø5Ø-IØØ2-Ø3-37Ø4	Middle Name	Conditional
PVD	Ø5Ø-IØØ2-Ø4-37Ø6	Name Suffix	Conditional
PVD	Ø5Ø-IØØ2-Ø5-37Ø8	Name Prefix	Conditional
PVD	Ø8Ø-IØØ4-Ø1-3Ø42	Street and Number/P.O. Box	Conditional
PVD	Ø8Ø-IØØ4-Ø2-3164	City Name	Conditional
PVD	Ø8Ø-IØØ4-Ø3-3229	Country Sub-entity Identification	Conditional
PVD	Ø8Ø-IØØ4-Ø4-3251	Postcode Identification	Conditional
PVD	Ø8Ø-IØØ4-Ø5-3227	Place/Location Qualifier	Conditional
PVD	Ø8Ø-IØØ4-Ø6-3224	Place/Location	Conditional
PVD	Ø9Ø-IØ16	Communication Number	PVD Ø9Ø-IØ16-Ø1-3148 Communication Number – Prescriber contact number – Mandatory for at least one occurrence

Recommendation:

1. There must be at least one character for the first name of the Prescriber.
2. The practicing address should be the same address listed within the prescriber directory(ies). This address is what the pharmacy uses to do prescriber matching.
3. The Provider Specialty Code contains the taxonomy applicable for the prescribing Practitioner’s license designation.

(3) *date of issuance;*

SCRIPT Fields and Designation:

Segment	Field ID	Field Name	Designation
DRU	Ø4Ø-IØØ6-Ø2-238Ø	Date	Mandatory

(4) *name, strength, dosage form, and quantity of Drug prescribed;*

SCRIPT Fields and Designation:

Segment	Field ID	Field Name	Designation
DRU	Ø1Ø-IØ13-Ø2-7ØØ8	Item Description - drug name	Mandatory

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DRU	Ø1Ø-Ø13-Ø6-444Ø	Free Text – Drug strength	Conditional
DRU	Ø1Ø-Ø13-14-7992	Item Form Code	Conditional
DRU	Ø1Ø-Ø13-16-7993	Item Strength Code	Conditional
DRU	Ø2Ø-ØØ9-Ø2-8ØØ9	Item Quantity	Mandatory

Recommendation:

1. From the SCRIPT Implementation Guide the following is stated for the Item Description: “Is the self-contained full drug name, strength, and form.”
2. The NABP Model Act recommends “A Prescription Drug Order shall contain the following information at a minimum: name, strength, dosage form, and quantity of Drug prescribed”. The recommendation for an electronic prescription is that 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.

(5) *directions for use;*

SCRIPT Fields and Designation:

Segment	Field ID	Field Name	Designation
DRU	Ø3Ø-Ø14-Ø2	Sig instructions	Mandatory. Optional use of the SIG Segment.

(6) *refills authorized, if any;*

SCRIPT Fields and Designation:

Segment	Field ID	Field Name	Designation
DRU	Ø6Ø-Ø18-Ø1-6Ø63	Quantity Qualifier – Refills	Mandatory
DRU	Ø6Ø-Ø18-Ø2-8Ø1Ø	Quantity	Conditional Mandatory

(7) *if a written Prescription Drug Order, prescribing Practitioner’s signature;*

Not applicable

(8) *if an electronically transmitted Prescription Drug Order, prescribing Practitioner’s electronic or digital signature;*

Signature electronically is identified by the authorization of the prescription on the vendor system, and then the authorization and certification of use established via the network intermediary.

(9) *if a hard copy Prescription Drug Order generated from electronic media, prescribing Practitioner’s electronic or manual signature. For those with electronic signatures, such Prescription Drug Orders shall be applied to paper that utilizes security features that will ensure the Prescription Drug Order is not subject to any form of copying and/or alteration.*

Not applicable

3.2.3 SCRIPT 1Ø.1Ø

Red font indicates a difference from SCRIPT 1Ø.6.

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A Prescription Drug Order shall contain the following information at a minimum:

(1) full name, date of birth and street address of the patient;

SCRIPT Fields and Designation:

Segment	Field ID	Field Name	Designation
PTT	030-1002-01-3036	Last Name	Mandatory
PTT	030-1002-02-3702	First Name	Mandatory
PTT	030-1002-03-3704	Middle Name	Conditional
PTT	030-1002-03-3706	Name Suffix	Conditional
PTT	030-1002-03-3708	Name Prefix	Conditional
PTT	060-1004	Address	Conditional, with note to send whenever possible
PTT	020-2700	Century Date	Date of Birth. Mandatory.

Recommendation:

1. If patient is homeless, the text "HOMELESS" should be put in the Street Address.
2. The City, State, Zip should contain the local area.
3. If the address of the patient is unable to be obtained, the text "UNKNOWN" should be put in the Street Address.
4. The City, State, Zip should contain the local area. These rare conditions may affect the receiver's matching of the patient, or will be different than what the receiver has on file.

(2) name, prescribing Practitioner's license designation, address, and, if required by law or rules of the Board, DEA registration number of the prescribing Practitioner;

SCRIPT Fields and Designation:

Segment	Field ID	Field Name	Designation
PVD	020-1001-01-1154	Reference Number	Mandatory
PVD	020-1001-02-1153	Reference Qualifier	Mandatory
PVD	040-1007-03-7990	Provider Specialty code	Conditional
PVD	050-1002-01-3036	Last Name	Mandatory
PVD	050-1002-02-3702	First Name	Conditional
PVD	050-1002-03-3704	Middle Name	Conditional
PVD	050-1002-04-3706	Name Suffix	Conditional
PVD	050-1002-05-3708	Name Prefix	Conditional
PVD	080-1004-01-3042	Street and Number/P.O. Box	Conditional
PVD	080-1004-02-3164	City Name	Conditional
PVD	080-1004-03-3229	Country Sub-entity Identification	Conditional
PVD	080-1004-04-3251	Postcode Identification	Conditional
PVD	080-1004-05-3227	Place/Location Qualifier	Conditional
PVD	080-1004-06-3224	Place/Location	Conditional
PVD	090-1016	Communication Number	PVD 090-1016-01-3148 Communication Number – Prescriber contact number – Mandatory for at least one occurrence

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Recommendation:

1. There must be at least one character for the first name of the Prescriber.
2. The practicing address should be the same address listed within the prescriber directory(ies). This address is what the pharmacy uses to do prescriber matching.
3. The Provider Specialty Code contains the taxonomy applicable for the prescribing Practitioner's license designation.

(3) date of issuance;

SCRIPT Fields and Designation:

Segment	Field ID	Field Name	Designation
DRU	Ø4Ø-IØØ6-Ø2-238Ø	Date	Mandatory

(4) name, strength, dosage form, and quantity of Drug prescribed;

SCRIPT Fields and Designation:

Segment	Field ID	Field Name	Designation
DRU	Ø1Ø-IØ13-Ø2-7ØØ8	Item Description - drug name	Mandatory
DRU	Ø1Ø-IØ13-Ø6-444Ø	Free Text – Drug strength	Conditional
DRU	Ø1Ø-IØ13-14-7992	Item Form Code	Conditional
DRU	Ø1Ø-IØ13-16-7993	Item Strength Code	Conditional
DRU	Ø2Ø-IØØ9-Ø2-8ØØ9	Item Quantity	Mandatory

Recommendation:

1. From the SCRIPT Implementation Guide the following is stated for the Item Description: "Is the self-contained full drug name, strength, and form."
2. The NABP Model Act recommends "A Prescription Drug Order shall contain the following information at a minimum: name, strength, dosage form, and quantity of Drug prescribed". The recommendation for an electronic prescription is that 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.

(5) directions for use;

SCRIPT Fields and Designation:

Segment	Field ID	Field Name	Designation
DRU	Ø3Ø-IØ14-Ø2	Sig instructions	Mandatory. Optional use of the SIG Segment.

(6) refills authorized, if any;

SCRIPT Fields and Designation:

Segment	Field ID	Field Name	Designation
DRU	Ø6Ø-IØ18-Ø1-6Ø63	Quantity Qualifier – Refills	Mandatory
DRU	Ø6Ø-IØ18-Ø2-8Ø1Ø	Quantity	Conditional Mandatory

(7) if a written Prescription Drug Order, prescribing Practitioner's signature;

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Not applicable

- (8) *if an electronically transmitted Prescription Drug Order, prescribing Practitioner's electronic or digital signature;*

Signature electronically is identified by the authorization of the prescription on the vendor system, and then the authorization and certification of use established via the network intermediary.

- (9) *if a hard copy Prescription Drug Order generated from electronic media, prescribing Practitioner's electronic or manual signature. For those with electronic signatures, such Prescription Drug Orders shall be applied to paper that utilizes security features that will ensure the Prescription Drug Order is not subject to any form of copying and/or alteration.*

Not applicable

3.3 USE OF DIAGNOSIS CODE

For each SNOMED code sent in the diagnosis, **the corresponding ICD must also be sent**. It is recommended that the ICD should be what the doctor would use for their billing transaction. Note - The value for SNOMED is not available for use in SCRIPT Standard until version 2013011 and above.

3.4 PROPER USE OF DAYS SUPPLY

This is effective guidance for all version of SCRIPT Standard.

1. Length of therapy and Days Supply are not synonyms; they are not the same concept or used the same.
2. Length of therapy is a defined period of time during which the patient will be using this drug regimen. The Directions or the appropriate fields within Structured Sig are to be used to provide more information when necessary to indicate the length of therapy.
 - a. Examples of length of therapy:
 - i. 1 tablet daily **for 7 days until gone**
 - ii. 2 drops in each eye 2 times a day **for 5 days** (a 5 mL container with these instructions would have a Days Supply of 25; based on 20 drops per mL)
3. Since Days Supply is an optional field, if not aware of how many doses are in the container, do not transmit a Days Supply. The value 0 should not be sent. Days Supply may be sent for specialty prescriptions (e.g. titration range) or may be used for drug utilization review.
4. For maintenance medications - Length of therapy is typically not sent unless it is for a clinically necessary specification.
5. Days Supply is the estimated number of days the prescription will last excluding refills, based upon the prescribed quantity and directions. It is the prescribed quantity divided by the daily doses. While this is typically system calculated, the prescriber retains responsibility for the value. **If a number is entered into this field and it conflicts with the quantity and calculated metric dose per day, a call back from the pharmacy should be expected.**
 - a. Examples:
 - i. 10 mg tablet, Quantity = 30, take one tablet per day, Refills = 5. Days Supply = 30
 - ii. 1 tablet every week, quantity = 4, Refills = 5. Days Supply = 28

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- iii. 1-2 tablets every 4-6 hours as needed for pain. Quantity = 36, Refills = 0. Days Supply = 3
- iv. 5 mLs twice daily, Quantity = 100 mLs, Refills = 0, Days Supply = 10
- v. Metered dose inhaler – 1-2 puffs every 6 hours as needed. Quantity = 6.7 grams (200 puffs in container). Refills = 0. Days Supply = 25
 - 1. Note: If not aware of how many doses are in the container, do not transmit a Days Supply.
- b. Incorrect use of Days Supply:
 - i. 10 mg tablet, Quantity = 30, take one tablet per day, Refills = 5. Days Supply = 180 (should be 30)
 - ii. 5 mLs twice daily, Quantity = 100 mLs, Refills = 0, Days Supply = 30 (should be 10)
- 6. For ambiguous dose forms (e.g. creams, ointments, gels, drops), it is recommended that Days Supply should not be sent, unless the dose form has a specific measurable unit dosage (e.g. pump, gel packs).
- 7. The Free Text (<Notes>) field can be used for further clarification if the instructions cannot be clearly designated in the Directions or appropriate fields in the Structured Sig, but should not cause confusion in explanation with the discrete medication fields.

3.5 BEST PRACTICES FOR THE USE OF MEDICATION <NOTE> (OR FREE TEXT)

Best practices for the use of the <Note> in the Medication (or Free Text (DRU Ø9ØØ-444Ø) in DRU Segment) in NewRx or RefillResponse or ChangeResponse transactions.

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. The <Note> should never conflict with other information in the transaction.

- 1. <Note> (or Free Text) should be presented to the prescriber and used for **supplemental information** to the pharmacist regarding the patient, **not additional instructions** (sig).
 - a. Examples of proper use of <Note> are
 - 1. The pharmacist to relay to the patient that lab tests are needed.
 - 2. The pharmacist to relay to the patient that a follow-up appointment is needed.
 - 3. The patient's flavoring choice
 - 4. Multiple packaging (e.g. split up the quantity into one for school/one for home, etc.).
 - 5. Reminder to suspend use of contraindicated medication until other drug therapy complete.
- 2. If information related to the sig does not fit, <Note> should not be used. An alternate method of sending the prescription should be used.
 - a. Example: If the additional instructions (sig) are longer than can be transmitted (e.g. complicated sliding scale).
- 3. The prescriber should have the final review all of the prescription information to be transmitted.
- 4. Information transmitted must be clear and not cause confusion in patient safety. For example:
 - a. The drug or the strength must not be changed in the <Note> as this textual information then conflicts with the discrete drug elements in the transaction.
 - b. <Substitution> contains value 0 but <Note> contains Brand Medically Necessary (or vice versa).
- 5. If a transaction supports the needed functionality, but the entity has not yet implemented the

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transaction, the <Note> field should not be used for this gap. Manual current processes should be used.

Transaction and Field Usage Recommendations:

1. If there is a change in therapy, the RxChange transaction is to be used.
2. A cancellation of the prescription must not be given in the <Note>. The CancelRx transaction is to be used.
3. The Drug Use Evaluation (DUE) information can be exchanged for drug/drug, drug/allergy, conflicts, etc. The DUE information is available for exchange in many of the eprescribing transactions.
4. Order on hold – the field Do Not Fill should be used for this purpose. It is available for use in 10.6 (NCPDP **External Code List** has added values).
5. For intended prescriptions in a specific order (e.g. tapered doses) – the field Effective Date should be used. The structured Sig should be used for tapered doses.
6. Needed No Later Than field is available in SCRIPT version 10.6 and above for the facility to relay to the long term care pharmacy the timeframe when the medication is needed for delivery.
7. The ClinicalInformation transactions (see NCPDP **Specialized Implementation Guide**) should be used for exchanges of allergies.
8. If a consist use of <Note> is found that could be incorporated into the standard in discrete data fields, it is recommended to submit these requests to NCPDP via a Data Element Request Form (DERF) at <http://www.ncdp.org/standards-development-process.aspx>

3.5.1 COUPON INFORMATION EXCHANGE

Question: Can the Free Text (DRU 090-4440) (<Notes> in XML) field be used for coupon information?

Response: No, the Free Text (DRU 090-4440) (<Notes>) field is not to be used for coupon information. Refer to the above section for best practices on the use of Free Text (DRU 090-4440) (<Notes>). Coupon information should be sent in the COO Segment (<BenefitsCoordination>) to relay patient BIN/PCN/Group etc. There is also a coupon number <CouponNumber> if supported. Entities creating and exchanging coupons must be aware of laws and regulations as applicable. The prescriber must be aware of the coupon information being sent in the electronic transaction. It is recommended the patient also be aware of the coupon and there may be limitations on the applicability of the coupon.

3.6 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>

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.

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TABLE 1 Pediatric Requirements for Safe and Effective e-Prescribing

Category	Pediatric Requirements	NCPDP action/recommendation (current industry use of SCRIPT Version 10.6)	Future action/recommendation
Patient information	Date of birth or age in units more specific than years	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.	N/A
	Weight in kilograms	Available for exchange in the Observation Segment. An example of the Observation Segment will be put in the <i>NCPDP SCRIPT Implementations Recommendation</i> document. Dosing calculations are also available for exchange in the structured and codified Sig Segment.	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?
	Height in centimeters	Available for exchange in the Observation Segment. An example of the Observation Segment will be put in the <i>NCPDP SCRIPT Implementations Recommendation</i> document. Dosing calculations are also available for exchange in the structured and codified Sig Segment.	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?
	Any history of intolerable adverse effects or allergy to Medications	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.	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.
Medication information	Indication-based dosing and individual and daily dose alerts, using a mg/kg per day or mg/m2 per day formula, unless inappropriate	DUE interrogation and alerts should be done at the point of care (prescriber, pharmacy). Use of industry drug database products is recommended.	N/A
	Weight-based dosing calculations	Available for exchange in the Observation Segment. An example of the Observation Segment will be put in the <i>NCPDP SCRIPT Implementations Recommendation</i> document.	N/A

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Category	Pediatric Requirements	NCPDP action/recommendation (current industry use of SCRIPT Version 10.6)	Future action/recommendation
		Dosing calculations are also available for exchange in the structured and codified Sig Segment.	
	All available formulations, including liquid formulations that may be specific brands	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.	N/A
	Common formulations requiring extemporaneous compounding or combinations of active ingredients	See <i>NCPDP SCRIPT Implementations Recommendation</i> document on compound exchanges.	N/A
Cognitive support	Dose-range checking (minimum and maximum amount per dose, amount per day based on weight, surface area, and total dose)	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.	N/A
	Automatic strength-to-volume conversions for liquid medications	Use of industry drug database products is recommended.	N/A
	Adverse effect warnings specific to pediatric populations	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.	N/A
	Alternative therapies based on ameliorable adverse effects	Use of industry drug database products is recommended.	N/A
	Tall Man lettering to reduce medication selection errors	Use of industry drug database products is recommended.	N/A
	Medication-specific indications to reduce ordering of soundalike Drugs	Use of industry drug database products is recommended. Indication fields are available for exchange in the structured and codified Sig. Also of interest http://www.ncdp.org/Whitepaper.aspx - Universal Medication Schedule (UMS) white paper.	N/A
Pharmacy information	Pharmacies that will create extemporaneous compounds	Industry products may contain pharmacy demographic and service information to identifying compounding services.	N/A

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Category	Pediatric Requirements	NCPDP action/recommendation (current industry use of SCRIPT Version 10.6)	Future action/recommendation
		Trading partner directories may contain this information.	
Data transmission	Use of messaging standards for data transmission to pharmacies that include the patient's weight and notes pertaining to weight-based calculations	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.
	Transmission of strength, concentration, and dose volume labeled in metric units for liquid medications	Use of industry drug database products is recommended. Liquid medication can be transmitted in metric units in SCRIPT. See <i>NCPDP SCRIPT Implementations Recommendation</i> 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 of 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.ncdp.org/Whitepaper.aspx	N/A

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.

3.7 RECOMMENDATIONS FOR EPREScribing BEST PRACTICES OF PATIENT HEIGHT, WEIGHT, CONTACT, INSURANCE, AND DIAGNOSIS INFORMATION

3.7.1 INCLUSION OF PATIENT HEIGHT AND WEIGHT DATA

Currently, SCRIPT version 10.6 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, and pediatric medications. To enhance patient safety,

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accurate dosing, and potentially assist with clinical management programs it is recommended that the most recent patient height and patient weight be included on all new and renewal prescriptions sent from the prescriber to the pharmacy. The date associated with the measures should also be sent. If the height and/or weight have changed and the prescriber is sending an approved renewal response, the response should be coded as “Approved with Changes”. See section “[Clarification of Response Type](#)” in the SCRIPT Standard Implementation Guide Version 10.6.

3.7.2 INCLUSION OF PATIENT CONTACT INFORMATION

SCRIPT version 10.6 requires that 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. When a Communication Number is sent in SCRIPT version 10.6, at least one occurrence must be for TE (telephone) which should be the patient's primary contact number. If the patient only has a cellular phone, then the cellular phone number may be sent twice – once as TE (telephone) and once as CP (cellular phone).

3.7.3 INCLUSION OF PATIENT INSURANCE INFORMATION

SCRIPT version 10.6 has an optional COO Segment (Coordination of Benefits), which supports up to 3 loops (primary, secondary, tertiary) 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 COO Segment 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 the Patient Segment.

3.7.4 INCLUSION OF DIAGNOSIS

SCRIPT version 10.6 has a field for a primary and secondary diagnosis code in the Prescribed Medication Segment, which is optional and infrequently populated. EHR/ePrescribing vendors are encouraged to populate this field with the diagnosis(es) associated to the prescription when transmitting all prescriptions to the pharmacy. By doing this, the industry will improve patient safety, enhance efficiency and expedite prior authorization. As it pertains to specialty, inclusion of this information will reduce the need for the pharmacist to contact the prescriber for missing information such as that needed prior authorization, claim processing, or manufacturer-required reporting. See also section “[Use of Diagnosis Code](#)”.

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3.8 GENERAL RECOMMENDATIONS

3.8.1 EPRESCRIBING BEST PRACTICES WHEN THE PRESCRIBER WILL NOT HAVE A CONTINUED RELATIONSHIP WITH THE PATIENT

When the prescriber will not have a continuing relationship with the patient, the following is recommended:

1. The prescriber notifies the patient that they will not authorize renewals beyond those included in the original prescription.
2. The prescriber provides message content on the NewRx or ChangeResponse (approved) instructing the pharmacist not to request renewals and provides the name of the prescriber following the patient, when known (in the Notes field). Recommended Notes field text is "Submit renewals to: xxxx" (where xxxx is the prescriber's name, "PCP", or "Other Provider"). The pharmacy should interrogate the Notes field.
3. This does not prevent refills on the new prescription (or RefillResponse), but provides instruction that no further RefillRequests (renewals) be sent to this prescriber via any means for this prescription.
4. Use of ReasonCode "AC" (Patient no longer under provider care) should a renewal request be received.
5. The prescriber may also work with their intermediary to ensure that the appropriate service levels are supported (i.e. NEWRX only, not REFREQ/REFRES).

4. RXNORM GUIDANCE FOR SCRIPT

Pertinent data elements <XML> or (EDI):

- Drug name - <DrugDescription> (or DRU-010-I013-02-7008, 10, 11, 12 Item Description)
- NDC, UPC, HRI, etc – (<ProductCode> and <ProductQualifier>) or (DRU- 010-I013-03-7140 Item Number and DRU-010-I013-04-3055 Code List Responsibility Agency).
- RxNorm - (<DrugDBCode> <DrugDBCodeQualifier>) or (DRU-010-I013-08-1154 Reference Number and DRU-010-I013-09-1153 Reference Qualifier).

For compounds

- Drug name of ingredient - <CompoundIngredientItemDescription> (or Compound Ingredient Item Description CPD-010-I017-02-8005)
- Ingredient ID and Qualifier - <ItemNumber> <CompoundProductIDQualifier> or (Compound Ingredient Item Number CPD- 010-I017-03-7140 and Code List Responsibility Agency CPD-010-I017-04-3055)

Message	Element (XML)	Guidance for Sender	Guidance for Recipient
NewRx	MedicationPrescribed	<p>RxNorm should be sent if known in (<DrugDBCode> <DrugDBCodeQualifier>) or (DRU-010-I013-08-1154 Reference Number and DRU-010-I013-09-1153 Reference Qualifier).</p> <p>NDC is sent for reference only in (<ProductCode> and <ProductQualifier>) or (DRU- 010-I013-03-7140 Item Number and DRU-010-I013-04-3055 Code List Responsibility Agency).</p> <p>Name must be sent in <DrugDescription> (or DRU-010-I013-02-7008, 10, 11, 12 Item Description)</p>	<p>Pharmacy should use RxNorm to find the drug to dispense and use drug description received for validation.</p> <p>If No RxNorm use Name (<DrugDescription> or DRU-010-I013-02-7008, 10, 11, 12 Item Description).</p> <p>NDC is a just a representative NDC.</p>
Refill Request	MedicationPrescribed	<p>RxNorm should echo back what came in on the NewRx – but it may not exist in (<DrugDBCode> <DrugDBCodeQualifier>) or (DRU-010-I013-08-1154 Reference Number and DRU-010-I013-09-1153 Reference Qualifier).</p> <p>NDC should echo back what came in the NewRx - but it may not exist in (<ProductCode> and <ProductQualifier>) or (DRU- 010-I013-03-7140 Item Number and DRU-010-I013-04-3055 Code List Responsibility Agency).</p> <p>Name should echo back pharmacist’s interpretation of what came in the NewRx <DrugDescription> (or DRU-010-I013-02-7008, 10, 11, 12 Item Description)</p>	<p>Prescriber should use RxNorm or NDC to find original Rx prescribed.</p> <p>This will allow the prescriber to evaluate whether the initial order was interpreted correctly and take appropriate actions if it was not.</p>
	MedicationDispensed	<p>NDC dispensed shall be sent in (<ProductCode> and <ProductQualifier>) or (DRU- 010-I013-03-7140 Item Number and DRU-010-I013-04-3055 Code List Responsibility Agency).</p>	<p>Prescriber should use RxNorm if present else NDC to Approve/Denied/DeniedNewRxToFollow</p>

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Message	Element (XML)	Guidance for Sender	Guidance for Recipient
		RxNorm should be sent if known in (<DrugDBCode> <DrugDBCodeQualifier>) or (DRU-010-I013-08-1154 Reference Number and DRU-010-I013-09-1153 Reference Qualifier).	Trading partners need to touch base with vendors to see if they just display what is send or do they map to something – or might just pull up original prescription.
Refill Response	MedicationPrescribed	Prescriber should echo back RxNorm from request (<DrugDBCode> <DrugDBCodeQualifier>) or (DRU-010-I013-08-1154 Reference Number and DRU-010-I013-09-1153 Reference Qualifier). Prescriber should echo back NDC from request (<ProductCode> and <ProductQualifier>) or (DRU- 010-I013-03-7140 Item Number and DRU-010-I013-04-3055 Code List Responsibility Agency)..	RxNorm not used. NDC not used.
	MedicationDispensed	Prescriber should echo back RxNorm from request (<DrugDBCode> <DrugDBCodeQualifier>) or (DRU-010-I013-08-1154 Reference Number and DRU-010-I013-09-1153 Reference Qualifier). Prescriber should echo back NDC from request (<ProductCode> and <ProductQualifier>) or (DRU- 010-I013-03-7140 Item Number and DRU-010-I013-04-3055 Code List Responsibility Agency).	RxNorm not used. NDC not used. Approved or ApprovedWithChange implies approval with no change to drug. Prescriber should send DeniedNewRxToFollow if he wishes to change the drug.
RxFill Request	MedicationPrescribed	RxNorm should echo back what came in on the NewRx – but it may not exist in (<DrugDBCode> <DrugDBCodeQualifier>) or (DRU-010-I013-08-1154 Reference Number and DRU-010-I013-09-1153 Reference Qualifier). NDC should echo back pharmacist’s interpretation of what came in the NewRx if known but NDC or RxNorm may not exist in (<ProductCode> and <ProductQualifier>) or (DRU- 010-I013-03-7140 Item Number and DRU-010-I013-04-3055 Code List Responsibility Agency).	RxNorm used for reference. NDC used for reference. This will allow the prescriber to evaluate whether the initial order was interpreted correctly and take appropriate actions if it was not.
	MedicationDispensed	NDC dispensed shall be sent in (<ProductCode> and <ProductQualifier>) or (DRU- 010-I013-03-7140 Item Number and DRU-010-I013-04-3055 Code List Responsibility Agency). RxNorm should be sent if known in (<DrugDBCode> <DrugDBCodeQualifier>) or (DRU-010-I013-08-1154 Reference Number and DRU-010-I013-09-1153 Reference Qualifier).	Prescriber should use RxNorm for records. NDC is just for reference.
CancelRx Request	MedicationPrescribed	Always send RxNorm code if available in (<DrugDBCode> <DrugDBCodeQualifier>) or (DRU-010-I013-08-1154 Reference Number and DRU-010-I013-09-1153 Reference Qualifier).	Should use prescriber order number of message id if possible. Use RxNorm if auto tie back is not available.
RxChange Request - for TI and GS	Medication Prescribed	RxNorm should be sent if known in (<DrugDBCode> <DrugDBCodeQualifier>) or (DRU-010-I013-08-1154 Reference Number and DRU-010-I013-09-1153 Reference Qualifier). The transaction shall echo back the pharmacist’s interpretation of the	Prescriber may use RxNorm for reference. This will allow the prescriber to evaluate whether the initial order was

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Message	Element (XML)	Guidance for Sender	Guidance for Recipient
		medication as sent in the original transaction.	interpreted correctly and take appropriate actions if it was not.
	Medication Requested	RxNorm should be sent if available in (<DrugDBCode> <DrugDBCodeQualifier>) or (DRU-Ø1Ø-Ø13-Ø8-1154 Reference Number and DRU-Ø1Ø-Ø13-Ø9-1153 Reference Qualifier) else an alternate product identifier (NDC, UPC, HRI) should be sent in (<ProductCode> and <ProductQualifier>) or (DRU- Ø1Ø-Ø13-Ø3-714Ø Item Number and DRU-Ø1Ø-Ø13-Ø4-3Ø55 Code List Responsibility Agency).	Prescriber should use RxNorm to consider alternatives if available else an appropriate alternate identifier (NDC, UPC, HRI).
RxChange Request for PA	Medication Prescribed	RxNorm should be sent if known in (<DrugDBCode> <DrugDBCodeQualifier>) or (DRU-Ø1Ø-Ø13-Ø8-1154 Reference Number and DRU-Ø1Ø-Ø13-Ø9-1153 Reference Qualifier). The transaction shall echo back the pharmacist's interpretation of medication as sent in the original transaction.	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.
	Medication Requested	RxNorm should be sent if available in (<DrugDBCode> <DrugDBCodeQualifier>) or (DRU-Ø1Ø-Ø13-Ø8-1154 Reference Number and DRU-Ø1Ø-Ø13-Ø9-1153 Reference Qualifier) else an alternate product identifier (NDC, UPC, HRI) should be sent in (<ProductCode> and <ProductQualifier>) or (DRU- Ø1Ø-Ø13-Ø3-714Ø Item Number and DRU-Ø1Ø-Ø13-Ø4-3Ø55 Code List Responsibility Agency).	Prescriber should use RxNorm to determine PA if available else an appropriate alternate identifier (NDC, UPC, HRI).
RxChange Response	Medication Prescribed	RxNorm should be sent if available in (<DrugDBCode> <DrugDBCodeQualifier>) or (DRU-Ø1Ø-Ø13-Ø8-1154 Reference Number and DRU-Ø1Ø-Ø13-Ø9-1153 Reference Qualifier) else an alternate product identifier (NDC, UPC, HRI) should be sent in (<ProductCode> and <ProductQualifier>) or (DRU- Ø1Ø-Ø13-Ø3-714Ø Item Number and DRU-Ø1Ø-Ø13-Ø4-3Ø55 Code List Responsibility Agency).	Pharmacy should use RxNorm to find drug to dispense if available else an appropriate alternate identifier (NDC, UPC, HRI).
RxHistory Response	MedicationPrescribed	RxNorm should be sent if known in (<DrugDBCode> <DrugDBCodeQualifier>) or (DRU-Ø1Ø-Ø13-Ø8-1154 Reference Number and DRU-Ø1Ø-Ø13-Ø9-1153 Reference Qualifier). The transaction shall echo back the pharmacist's interpretation of the medication as sent in the original transaction.	Prescriber may use this for reference. This is needed to identify the medication that the patient was actually taking and that will be of importance in determining treatment.
	MedicationDispensed	RxNorm should be sent if known in (<DrugDBCode> <DrugDBCodeQualifier>) or (DRU-Ø1Ø-Ø13-Ø8-1154 Reference Number and DRU-Ø1Ø-Ø13-Ø9-1153 Reference Qualifier). NDC dispensed must be sent in (<ProductCode> and <ProductQualifier>) or (DRU- Ø1Ø-Ø13-Ø3-714Ø Item Number and DRU-Ø1Ø-Ø13-Ø4-3Ø55 Code List Responsibility Agency).	Prescriber should use NDC dispensed.

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Message	Element (XML)	Guidance for Sender	Guidance for Recipient
Resupply	MedicationPrescribed	RxNorm should be sent if available in (<DrugDBCode> <DrugDBCodeQualifier>) or (DRU-Ø1Ø-Ø13-Ø8-1154 Reference Number and DRU-Ø1Ø-Ø13-Ø9-1153 Reference Qualifier) else an alternate product identifier (NDC, UPC, HRI) should be sent in (<ProductCode> and <ProductQualifier>) or (DRU- Ø1Ø-Ø13-Ø3-714Ø Item Number and DRU-Ø1Ø-Ø13-Ø4-3Ø55 Code List Responsibility Agency).	Pharmacy should use this for reference.
	MedicationDispensed	RxNorm should be sent if known in (<DrugDBCode> <DrugDBCodeQualifier>) or (DRU-Ø1Ø-Ø13-Ø8-1154 Reference Number and DRU-Ø1Ø-Ø13-Ø9-1153 Reference Qualifier). NDC dispensed must be sent in (<ProductCode> and <ProductQualifier>) or (DRU- Ø1Ø-Ø13-Ø3-714Ø Item Number and DRU-Ø1Ø-Ø13-Ø4-3Ø55 Code List Responsibility Agency).	Pharmacy should use NDC dispensed.
Drug Administration	MedicationPrescribed	RxNorm should be sent if available in (<DrugDBCode> <DrugDBCodeQualifier>) or (DRU-Ø1Ø-Ø13-Ø8-1154 Reference Number and DRU-Ø1Ø-Ø13-Ø9-1153 Reference Qualifier) else an alternate product identifier (NDC, UPC, HRI) should be sent in (<ProductCode> and <ProductQualifier>) or (DRU- Ø1Ø-Ø13-Ø3-714Ø Item Number and DRU-Ø1Ø-Ø13-Ø4-3Ø55 Code List Responsibility Agency).	Should use prescriber order number of Message ID if possible Use RxNorm if auto tie back is not available.
Cancel Rx Response	n/a – no drug data	n/a	n/a
RxHistory Request	n/a – no drug data	n/a	n/a
Status	n/a – no drug data	n/a	n/a
Census	n/a – no drug data	n/a	n/a
Verify	n/a – no drug data	n/a	n/a
Error	n/a – no drug data	n/a	n/a
Get Message	n/a – no drug data	n/a	n/a
Password Change	n/a – no drug data	n/a	n/a

XML Element	Field (EDI)	Guidance for Sender	Guidance for Recipient
<CoAgentID> and <CoAgentQualifier>	DUE Co-Agent Qualifier DRU-1ØØ-SØ18-Ø5-7884 and DUE Co-Agent ID DRU1ØØ-SØ18-Ø4-7883	RxNorm should be sent if available else an alternate product identifier (NDC, UPC, HRI) should be sent in (<DrugDBCode> <DrugDBCodeQualifier>) or (DRU-Ø1Ø-Ø13-Ø8-1154 Reference Number and DRU-Ø1Ø-Ø13-Ø9-1153 Reference Qualifier).	Pharmacy should use RxNorm to find to DUE CO-Agent if available else an appropriate alternate identifier (NDC, UPC, HRI)
<ItemNumber> <CompoundProductIDQualifi er> <CompoundIngredientItemD	Compound Ingredient Item Number CPD- Ø1Ø-Ø17-Ø3-714Ø and Code List Responsibility	For each ingredient RxNorm should be sent in (<ItemNumber> and <CompoundProductIDQualifi>) if available else an alternate product identifier (NDC, UPC, HRI) should be sent.	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.

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escription>	Agency CPD-Ø1Ø-IØ17-Ø4-3Ø55 Compound Ingredient Item Description CPD-Ø1Ø-IØ17-Ø2-8ØØ5	Name shall be sent in <CompoundIngredientItemDescription> or Compound Ingredient Item Description CPD-Ø1Ø-IØ17-Ø2-8ØØ5.	
-------------	--	---	--

Note: based on industry guidance or pilot results these recommendations may be brought forward and rules created for the SCRIPT Implementation Guide.

4.1 MEDICATIONS SOURCE VOCABULARY FOR CERTIFICATION TESTING

RxNorm is the preferred vocabulary for testing, although the other vocabularies may be used for certification testing in Meaningful Use. RxNorm is not required at this time. The 2013 directional guidance from the Office of the National Coordination (ONC) is to move to the use of RxNorm and remove the exchange of other proprietary vocabularies for meaningful use for testing purposes.

When the NCPDP External Code Lists were published for use in SCRIPT 8.1 and in SCRIPT 10.6, the government and the industry had not completed RxNorm pilots or provided recommendations. The early publications of the External Code Lists for SCRIPT 8.1 and SCRIPT 10.6 do not have RxNorm qualifier values listed. Once the pilot tests were completed and Meaningful Use cited, the industry evaluated the findings and RxNorm qualifier values were adopted in a more recent version publication of the External Code List (June 2Ø1Ø), for use in SCRIPT 8.1 and 10.6. The values below were adopted and for testing purposes are to be used. **Note:** The SCRIPT 10.6 schema was updated in April 2Ø11 to include the RxNorm values in <DrugDBCodeQualifier>.

For the fields (<DrugDBCode> and <DrugDBCodeQualifier> in XML) or (DRU-Ø1Ø-IØ13-Ø8-1154 Reference Number and DRU-Ø1Ø-IØ13-Ø9-1153 Reference Qualifier in EDI) or for compound ingredients (<ItemNumber> <CompoundProductIDQualifier> in XML) or (Compound Ingredient Item Number CPD- Ø1Ø-IØ17-Ø3-714Ø and Code List Responsibility Agency CPD-Ø1Ø-IØ17-Ø4-3Ø55 in EDI):

- SCD - RxNorm Semantic Clinical Drug (SCD)
- SBD - RxNorm Semantic Branded Drug (SBD)
- GPK - RxNorm Generic Package (GPCK)
- BPK - RxNorm Branded Package (BPCK)

Meaningful Use testing cited the following vocabularies/code lists as incorporated into RxNorm. However, they are not within the NCPDP table of values. Some of the lists are not as appropriate for electronic prescribing. The industry does not wish to add more code lists in the exchange of medication information as the movement is to the use of RxNorm as a common terminology for prescribed medications. Therefore the following are not to be used in the testing of a NewRx, per NCPDP recommendations.

- GS – Gold Standard Alchemy
- MMX - Micromedex DRUGDEX
- MSH - Medical Subject Headings (MeSH)

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- MTHFDA - FDA National Drug Code Directory
- MTHSPL - FDA Structured Product Labels
- NDFRT - Veterans Health Administration National Drug File - Reference Terminology
- SNOMED CT - SNOMED Clinical Terms (drug information)
- VANDF - Veterans Health Administration National Drug File

These other vocabularies/code lists were cited for Meaningful Use testing, and are contained within the NCPDP External Code List, but for the same reasons above, are not to be used for testing, per NCPDP recommendations.

- MDDDB - Medi-Span Master Drug Data Base (NCPDP value “MD”)
- MMSL - Multum MediSource Lexicon (NCPDP value “MC”)
- NDDF - First DataBank NDDF Plus Source Vocabulary (NCPDP value “FM”)

Note: The value of Blank (Not Specified) in the NCPDP **External Code List** table for 010-1013-09-1153 Reference Qualifier is not allowed to be exchanged in the tests.

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5. CONTROLLED SUBSTANCE PRESCRIPTIONS

In March 2010, the DEA published an Interim Final Rule for electronic prescribing of controlled substances. In the regulation, they published two options for verification:

1. Digitally signing the prescription with the individual practitioner's private key.
2. Verify that the practitioner signed the prescription by checking the data field that indicates the prescription was signed; or Display the field for the pharmacist's verification.

The regulations are effective June 1, 2010. SCRIPT 8.1 is currently in use and the industry preparing for 10.6. How does the industry support transmission of prescriptions, with least impact?

NCPDP convened an industry task group of interested people. The task group reviewed the standard and considered multiple suggestions. The task group reached consensus to bring forward recommendations to the larger NCPDP work group body. NCPDP Work Group 11 ePrescribing and Related Transactions discussed, modified, and then approved recommendations during August Work Group meetings for industry support on consistent use to exchange transactions. Upon approval, the information was published in this document.

The NCPDP SCRIPT Standards support option 2. Option 1 is not supported at this time, since the industry has not brought forward recommendations for enhancements to the NCPDP SCRIPT Standard. If Option 1 is desired by the industry, the requested changes will need to be submitted, and upon approval, would be effective in a *future version* of SCRIPT.

Of interest: The DEA guidance website is http://www.deadiversion.usdoj.gov/ecommm/e_rx/index.html

5.1 INDUSTRY STANDARD METHODOLOGY FOR USING ELECTRONIC CONTROLLED SUBSTANCES IN NCPDP SCRIPT 8.1

The regulations required the functionality of

- Digital Signature Indicator
- Controlled Substance Indicator
- Earliest Fill Date
- Drug Abuse Treatment Indicator
- Medication Indication for GHB (Gamma-Hydroxybutyric acid)

To support using NCPDP SCRIPT -

Digital Signature Indicator

Use Drug Coverage Status – DRU-110-7885 (in EDI) or <DrugCoverageStatusCode> (in XML). This element repeats up to five times. A new value has been created:

SI – Signed Prescription – This indicates the prescription has been signed according to the DEA requirements for electronic prescribing of controlled substances.

In future versions of SCRIPT this will be in a separate data element.

Controlled Substance Indicator

Use Drug Coverage Status – DRU-110-7885 (in EDI) or <DrugCoverageStatusCode> (in XML) same as above. A new value has been created:

CS – Controlled Substance – This is a controlled substance as defined by the DEA or more restrictive applicable regulation.

DEA Schedule has been added in SCRIPT 10.5 and is to be used for this indicator in the future.

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Earliest Fill Date (For scheduled IIs)

Use Date/Time Period Qualifier - DRU-040-I006-01-2005 with value

07	Effective Date (Begin)
----	------------------------

With the appropriate Date/Time/Period – DRU-040-I006-02-2380 (in EDI)
or <EffectiveDate> (in XML)

Note: DRU-040 Date occurs up to 5 times in SCRIPT 8.1 and up to 9 times in SCRIPT 10.6, so multiple occurrences are supported for NewRx requirements.

Drug Abuse Treatment Identifier (For scheduled IIs)

Use Free Text – DRU-090 (in EDI) or <Notes> (in XML)

For Schedule II usage

Use text “NADEAN:xxxxxxx” (Narcotics Addiction DEA Number)

The qualifier for Data 2000 Waiver ID (Used for prescriptions for opioid addiction treatment medications) was added to the External Code List (ECL) in January 2010 and that can be used when updating to a new ECL.

Medication Indication for GHB (Gamma-Hydroxybutyric acid)

Use Free Text – DRU-090 (in EDI) or <Notes> (in XML)

This is a free text description of the medical need for GHB.

In the future we will discuss whether to add a free text field specifically for this indication, or use indication fields in the Structured Sig.

5.2 INDUSTRY STANDARD METHODOLOGY FOR USING ELECTRONIC CONTROLLED SUBSTANCES IN NCPDP SCRIPT 10.6

The only difference between the usage in SCRIPT 8.1 and SCRIPT 10.6 is the Controlled Substance Indicator is not used in SCRIPT 10.6. The DEA Schedule field is to be used.

5.3 NCPDP XML

To support the controlled substance electronic prescribing functionality, the NCPDP SCRIPT 8.1 – 10.6 schemas have been updated to support the new values added above. Note that the new values will have different requirements in future versions of SCRIPT.

5.4 PRESCRIPTION SCHEDULES

For the context of these questions, “signed” means a digitally signed or the controlled substance fields designated in the SCRIPT Standard (see above sections).

Question: How are pharmacies dealing with the difference between state and federal schedule differences today?

Response: Today, the pharmacy is required to confirm the prescription before filling. Today, the prescription is confirmed manually via phone or fax.

Once electronic controlled substance prescriptions are transmitted between parties,

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If the prescription was to be signed according to DEA requirements and is not signed according to DEA requirements, the pharmacy system must archive the electronic prescription order and reject the prescription. Upon this rejection, the pharmacy may choose to print out the prescription, call the prescriber and obtain the correct information, and then process the prescription manually. The prescription process must follow DEA requirements in regard to electronic failure.

If the prescriber is not electronically enabled, the pharmacy is required to confirm the prescription before filling. Today, the prescription is confirmed manually via phone or fax. The prescription process must follow DEA requirements in regard to electronic failure.

Difference between reject and an error – rejection may occur upon receiving the transaction, or as a free standing Error.

Question: What happens if the local/state rating is more stringent than the federal rating or vice versa? Will same process be used for 10.6?

Response: The more stringent rules are to be followed. The prescriber should always have the capability to digitally sign a prescription regardless of the indicated schedule, or when requested by the receiving pharmacy.

The prescription may still require a digital signature or the controlled substance fields (see section [“Controlled Substance Prescriptions”](#)) depending on regulations at either the prescriber or the pharmacy.

There are situations where the state is more stringent than the federal (e.g. where the state has designated the medication as CII, while the medication is federally designated as CIII). The pharmacy must use appropriate procedures to legitimize the prescription based on the state regulations.

In SCRIPT 8.1, there is only a flag for controlled substance (Drug Coverage Status DRU-11Ø-7885 (in EDI) or <DrugCoverageStatusCode> (in XML)); it does not designate the schedule.

Question: If the data is not complete on an electronic scheduled prescription, how is this handled?

Response: These are examples, but there may be other options.

- If the transmission is not complete/correct (message is syntactically incorrect)
 1. The best practice would be to send an Error transaction (denoting the rejection).
 2. 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,
 1. The best practice would be to send an Error transaction (denoting the rejection) and
 2. The pharmacist could follow up manually to obtain a valid controlled substance prescription.
- If the prescriber system is not digital signed enabled, and the prescription is for a controlled substance, and transaction is missing the required EPCS fields²
 1. The best practice would be to send an Error transaction (denoting the prescription

² Digital Signature Indicator, Controlled Substance Indicator, Earliest Fill Date (For scheduled IIs), Drug Abuse Treatment Identifier (For scheduled IIs), Medication Indication for GHB, (Gamma-Hydroxybutyric acid), DEA Schedule (SCRIPT v10.6)

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- cannot be filled using Denial Codes for the missing/invalid field(s) and
2. The pharmacist could follow up manually to obtain a valid controlled substance prescription.
- 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.
 1. The best practice would be to send an Error transaction from the communication level. It may be a syntax or timeout error.
 2. The pharmacist would not know to manually follow up.

Question: When it gets to the processor; if the drug knowledge base provider only provides the federal schedule, is the pharmacy-provided state rating overwritten?

Response: The pharmacy does not supply a schedule on the claim. This is out of scope.

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 Product/Service Substitution, coded (DRU-050-4457 in EDI syntax) or Substitutions (XML syntax)

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 (DRU-090-4440 in EDI syntax) or Note (in XML syntax)

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 at the start of the note with any additional notes appended, by the prescriber hand/system. (It is recommended a space be included to separate the text and any additional notes.)
 - d. The NCPDP SCRIPT field to be used is
 - i. Note field (XML) or 090 4440 Free Text (EDI).
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.

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In SCRIPT version 2010 and above, with the approval of the ReasonForSubstitutionCodeUsed element, the use of the Free Text or Note requirement will be replaced with this requirement in the new field.

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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.

Note, in previous versions of the SCRIPT Standard, the EDI field for <WrittenDate> is DRU- 040-1006-02-2380 Date/Time/Period value 85 = Date Issued (Written Date).

8. OBSERVATION SEGMENT EXAMPLES IN SCRIPT 10.6

The following columns show examples of the use of the Observation Segment in SCRIPT version 10.6 to 2013071. In SCRIPT 2013101 and above, the Observation Segment was reworked and enhanced.

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Field Number	Field Name	Remarks	Example 1 Height	Example 1 Height	Example 2 Weight	Example 2 Weight	Example 3 Weight	Example 4 Blood Pressure- Systolic	Example 4 Blood Pressure - Diastolic	Commentary based 10.6 SCRIPT
000-S019-01-0013	Segment code <Observation>	Value: OBS	OBS	OBS	OBS	OBS	OBS	OBS	OBS	The value "OBS" must be populated in this field if this segment is sent in the message
010-S017-01-6311	Measurement Dimension, coded <Dimension>	Qualifies the Measurement value. These are X12 values only for the original field/values version 1.0 HT - Height WG - Weight ZZS - Systolic ZZD - Diastolic	HT	HT	WG	WG	WG	ZZS	ZZD	Per 10.6 SCRIPT, the sender can only send the patient's height, weight, and blood pressure information using the OBS segment. The accepted qualifiers are: HT = Height, WT = Weight, ZZS = Systolic and ZZD = Diastolic
010-S017-02-6314	Measurement Value <Value>		60	152	145	65	771	120	80	Per the External Code List it should be "alphanumeric 3"
010-S017-06-7887	Measurement Data Qualifier <MeasurementDataQualifier>	Identifies code set of clinical physical findings. 1 - X12 Original value version 1.0 2 - SNOMED added 10.0 3 - LOINC added 10.0 4 - Other added 10.0	4	4	4	4	4	4	4	4=Other
010-S017-07-7991	Source Code List <MeasurementSourceCode>	Code identifying the source organization. AA - Dosage Form (Drug StrengthForm) AB - Units of Presentation (StrengthUnitOfMeasure) AC - Potency Unit (QuantityUnitOfMeasure) AD - MeasurementUnitCode	AD	AD	AD	AD	AD	AD	AD	Uses the Measurement Unit Code list - easily found from the following website: http://evs.nci.nih.gov/ftp1/NCPDP/About.html
010-S017-08-7995	Measurement Unit Code <MeasurementUnitCode>	Basis for measurement code. Units of Presentation. Qualified by Source Code List (7991). Qualifies the Measurement Value (010-02-6314). MeasurementUnitCode Terminology Values: See External Code List	C48500 (inches)	C49668 (centimeters)	C48531 (pounds)	C28252 (kilograms)	C48155 (grams)	C49670 (millimeter of mercury)	C49670 (millimeter of mercury)	Uses the Measurement Unit Code list values - easily found from the following website: http://evs.nci.nih.gov/ftp1/NCPDP/About.html

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Field Number	Field Name	Remarks	Example 1 Height	Example 1 Height	Example 2 Weight	Example 2 Weight	Example 3 Weight	Example 4 Blood Pressure- Systolic	Example 4 Blood Pressure - Diastolic	Commentary based on SCRIPT
020-4440	Free Text <ObservationNotes>	An..70 – two loops allowed								An..70 two loops allowed so 140 characters.

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9. IMPLEMENTATION OF STRUCTURED AND CODIFIED SIG

9.1 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. In the future, guidance will be provided that addresses the use of the Structured and Codified Sig Format with more complex Sig strings, including those with rates of administration or dose calculations.

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. In addition, the task group reviewed work related to the Universal Medication Schedule.

9.1.1 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 Version 10.6 XML message excerpts containing the structured Sig composite and applicable SNOMED CT Concept IDs and FMT Codes. The task group added route of administration to the strings, as route will be mandatory in future versions of the Structured and Codified Sig Format.

Below are the 24 Sig strings:

Original String	String with Elements Added for a More Complete Sig	Clarification
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1	Take 1 tablet daily	Take 1 tablet by mouth 1 time per day	While “daily” and “per day” are synonymous, since this is expressing a frequency, “day” is more precise
2	Take 1 tablet twice a day	Take 1 tablet by mouth twice a day	
3	Take 1 tablet at bedtime	Take 1 tablet by mouth at bedtime	
4	Take 1 tablet 3 times a day	Take 1 tablet by mouth 3 times a day	
5	Take as directed	Take as per medical encounter instructions	While the original sig is commonly used, it is not specific enough because the dose and route are not included. This is modified assuming the instructions were given per the encounter with the patient.
6	Take 1 tablet every morning	Take 1 tablet by mouth every morning	
7	Take 1 tablet every evening	Take 1 tablet by mouth every evening	
8	Take 1 tablet every 6 hours as needed for pain	Take 1 tablet by mouth every 6 hours as needed for pain	
9	Take 2 tablets as one dose on the first day then take one tablet daily thereafter	Take 2 tablets by mouth as one dose on the first day then take one tablet per day thereafter	
10	Take 2 tablets every day for 5 days	Take 2 tablets by mouth every day for 5 days	
11	Take 2 tablets daily	Take 2 tablets by mouth daily	
12	Take 1 tablet 4 times a day	Take 1 tablet by mouth 4 times a day	
13	Take 1 tablet every 6 hours as needed	Take 1 tablet by mouth every 6 hours as needed for cough	Indication added to provide more completeness, and to assist implementers in using SNOMED CT.
14	Take 2 tablets twice daily	Take 2 tablets by mouth twice daily	
15	Take 1 tablet every 4 to 6 hours as needed for pain	Take 1 tablet by mouth every 4 to 6 hours as needed for pain	
16	Take 1 tablet twice a day for 10 days	Take 1 tablet by mouth twice a day for 10 days	
17	Take 1 to 2 tablets every 4 to 6 hours as needed for pain	Take 1 to 2 tablets by mouth every 4 to 6 hours as needed for pain	
18	Take 1 tablet 3 times a day as needed	Take 1 tablet by mouth 3 times a day as needed for headache	Indication added to provide more completeness, and to assist implementers in using SNOMED CT.
19	Take 1 tablet every 12 hours	Take 1 tablet by mouth every 12 hours	
20	Take 1 tablet twice a day as needed	Take 1 tablet by mouth twice a day as needed for nausea	Indication added to provide more completeness, and to assist implementers in using SNOMED CT.
21	Take 1 tablet daily as directed	Take 1 tablet by mouth per day as per medical encounter instructions	Clarifying assumption that directions were provided during medical/clinical encounter.

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22	Take 1 tablet at bedtime as needed	Take 1 tablet by mouth at bedtime as needed for sleep	Indication added to provide more completeness, and to assist implementers in using SNOMED CT.
23	Take 1 tablet weekly	Take 1 tablet by mouth per week	While “weekly” and “per week” are synonymous, since this is expressing a frequency, “week” is more precise
24	Take ½ tablet daily	Take ½ tablet by mouth per day	

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 Version 10.6 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.

9.1.2 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 <http://www.ncdpd.org/Education/Whitepaper>

9.2 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

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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.

9.3 BEST PRACTICES

The task group discussed a number of 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 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”).
- Route of Administration should always be sent. This is mandatory in future versions.
- 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 that trading partners may be at different stages of implementation of the structured sig, such as the difference with taking in (accepting the fields) a transaction containing a structured sig versus actually consuming (using the fields) the structured sig.

9.4 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 \(AHRQ\)](#)

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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.
- VHA's National Drug File Reference Terminology (NDF-RT) for Mechanism of Action, Physiologic Effect and Structural Class. The FedMed-related SPL subsets of NDF-RT are described and accessible on the [FDA Terminology](#) Web page.
- 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:

Structured and Codified Sig Format - Field Name	FMT Term from NCI for Dose Form Code Qualifier
Dose Form Code (with Dose Form Text)	Previously referenced as Unit of Presentation Reference to NCPDP Drug StrengthForm Terminology

9.5 SNOMED CT USE FOR SCRIPT IMPLEMENTATION

The Structured and Codified Sig Format uses SNOMED CT (Systemized Nomenclature of Medicine Clinical Terms), a clinical healthcare terminology that was selected for its comprehensive content and accepted use.

SNOMED CT is a multi-lingual terminology used internationally and managed by the International Health Terminology Standards Development Organisation (IHTSDO), with US-specific extensions maintained by the National Library of Medicine. Revisions are released twice per year (usually in January and July).

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SNOMED CT Concept IDs are used in all SCRIPT transactions that include the structured Sig content (i.e. NewRx, Refill Request, Refill Response).

9.5.1 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>.

SCRIPT Implementation Recommendations

A downloadable browser used by many, even though it is no longer officially supported by its developer, is CliniClue Xplore (<http://www.cliniclue.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 (<http://www.healthterm.com/>) is a mobile browser available for iPhone and Android devices. It enables searching of SNOMED CT as well as other health terminologies.

9.5.2 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 where 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.

9.6 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

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(their subtypes). As the hierarchies are descended, 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.

9.6.1 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.

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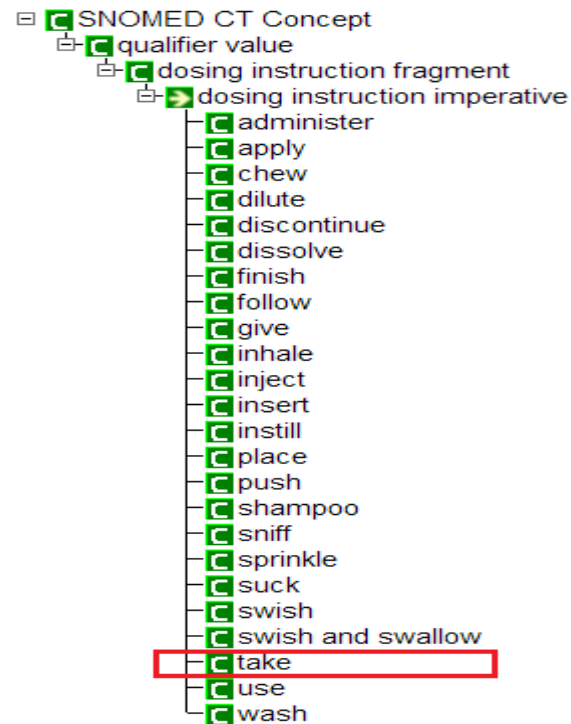
SCRIPT StructuredSIG Element: <DoseDeliveryMethodCode>

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



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SCRIPT Implementation Recommendations

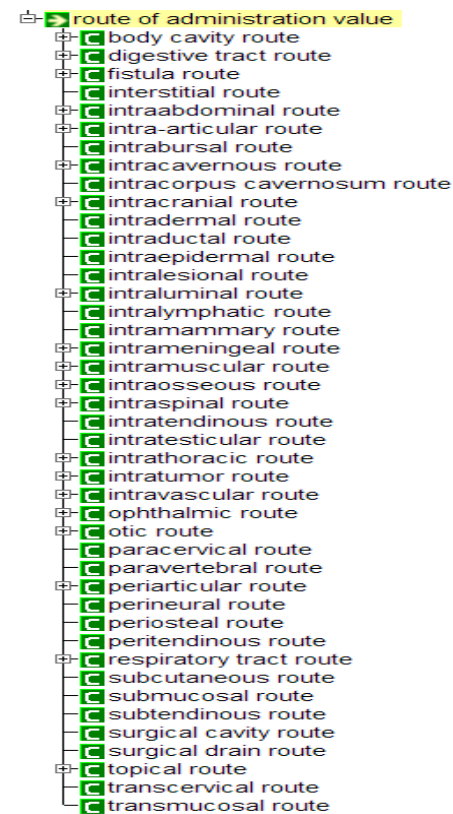
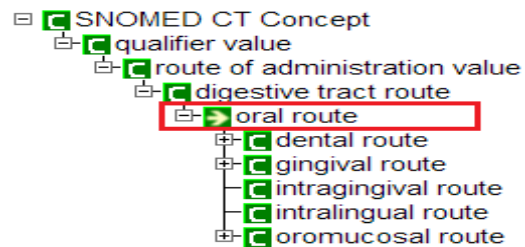
SCRIPT StructuredSIG Element: <RouteofAdministrationCode>

Example: "Oral Route" (by mouth, orally) SNOMED CT Concept ID = 26643006

Hierarchy: Qualifier value/route of administration value

Related values:

- "Topical" = 6064005
- "Nasal" = 46713006



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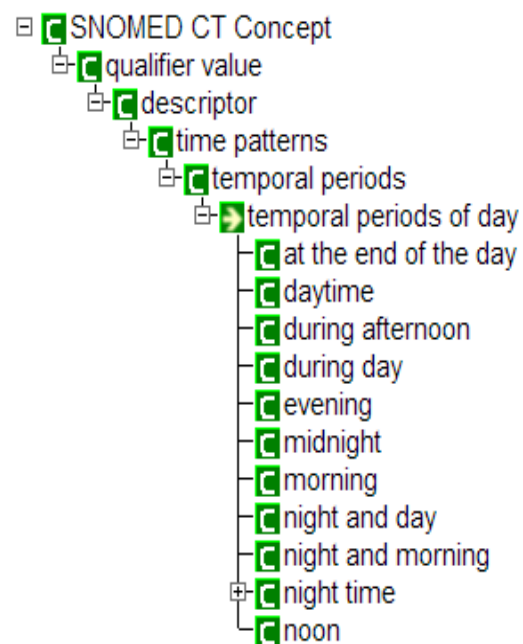
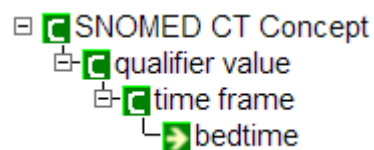
SCRIPT StructuredSIG Element: <AdministrationTimingCode>

Example: "Bedtime" = 21029003

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

Related values:

- "Morning" = 73775008
- "Evening" = 3157002



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SCRIPT Implementation Recommendations

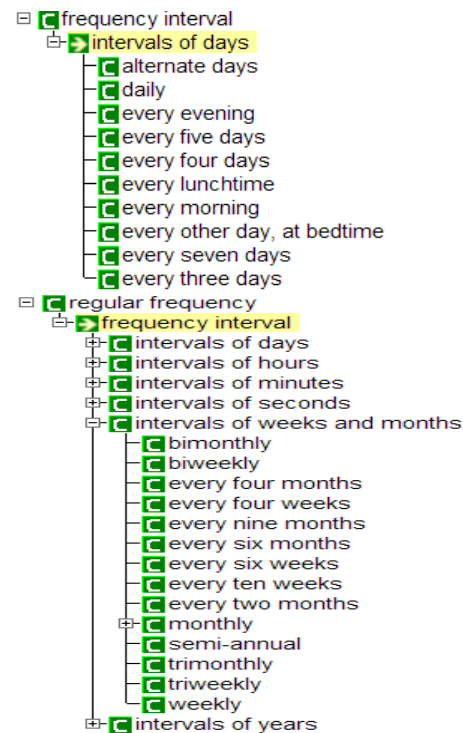
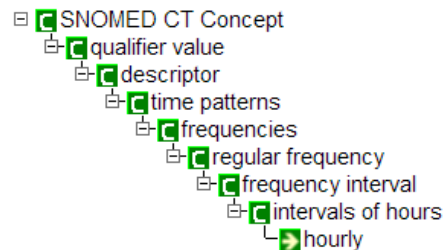
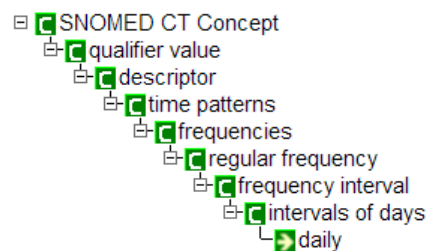
SCRIPT StructuredSIG Elements: <FrequencyUnitsCode>, <IntervalUnitsCode>, <DurationTextCode>

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



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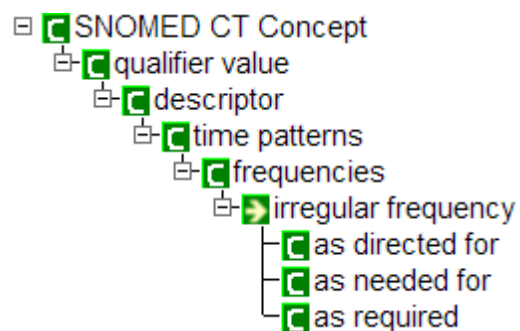
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SCRIPT StructuredSIG Element: <IndicationPrecursorCode>

Example: “as needed for” SNOMED CT Concept ID = 420449005

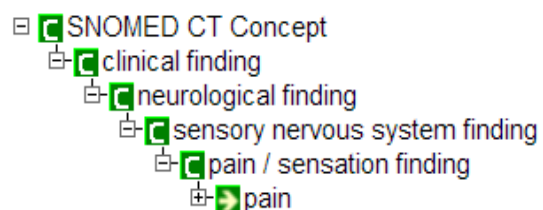
Hierarchy: Qualifier value/descriptor/time patterns/frequencies/irregular frequency



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:

Code	SNOMED CT Concept Hierarchy
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SCRIPT Implementation Recommendations

Code	SNOMED CT Concept Hierarchy
<DoseDeliveryMethodCode>	<ul style="list-style-type: none">• SNOMED CT Concept<ul style="list-style-type: none">○ qualifier value<ul style="list-style-type: none">▪ dosing instruction fragment<ul style="list-style-type: none">• dosing instruction imperative
<RouteofAdministrationCode>	<ul style="list-style-type: none">• SNOMED CT Concept<ul style="list-style-type: none">○ qualifier value<ul style="list-style-type: none">▪ route of administration value
<AdministrationTimingCode>	<ul style="list-style-type: none">• SNOMED CT Concept<ul style="list-style-type: none">○ qualifier value<ul style="list-style-type: none">▪ time frameor○ qualifier value<ul style="list-style-type: none">▪ time patterns<ul style="list-style-type: none">• temporal periods<ul style="list-style-type: none">○ temporal periods of day
<FrequencyUnitsCode>	<ul style="list-style-type: none">• SNOMED CT Concept<ul style="list-style-type: none">○ qualifier value<ul style="list-style-type: none">▪ descriptor<ul style="list-style-type: none">• time patterns<ul style="list-style-type: none">○ frequencies
<DurationTextCode>	<ul style="list-style-type: none">• SNOMED CT Concept<ul style="list-style-type: none">○ qualifier value<ul style="list-style-type: none">▪ Unit<ul style="list-style-type: none">• unit of time
<IndicationPrecursorCode>	<ul style="list-style-type: none">• SNOMED CT Concept<ul style="list-style-type: none">○ qualifier value<ul style="list-style-type: none">▪ descriptor<ul style="list-style-type: none">• time patterns<ul style="list-style-type: none">○ frequencies
<IndicationTextCode>	<ul style="list-style-type: none">• SNOMED CT Concept<ul style="list-style-type: none">○ clinical finding

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SCRIPT Implementation Recommendations

Code	SNOMED CT Concept Hierarchy
<Interval>	<ul style="list-style-type: none">• SNOMED CT Concept<ul style="list-style-type: none">○ qualifier value<ul style="list-style-type: none">▪ descriptor<ul style="list-style-type: none">• time patterns<ul style="list-style-type: none">○ frequencies

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9.7 FREQUENTLY ASKED QUESTIONS

9.7.1 WHERE DO I OBTAIN THE SNOMED CT CODE SET USED IN STRUCTURED SIG?

Answer:

http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html

http://www.nlm.nih.gov/research/umls/Snomed/snomed_faq.html

SNOMED CT starter guide (54 pp): http://ihtsdo.org/fileadmin/user_upload/doc/

9.7.2 HOW DO I STATE THE SNOMED CT VERSION IN STRUCTURED SIG?

Answer:

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

9.7.3 WHERE DO I OBTAIN THE FMT CODE SET VERSION?

Answer:

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

9.7.4 <FREQUENCY> WHAT IF THE FREQUENCY IS NOT SPECIFIED, I.E. “TAKE 1 TABLET AT BEDTIME”

Answer:

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

9.7.5 HOW DO I SELECT THE CORRECT SIG FREE TEXT STRING INDICATOR IN SCRIPT VERSION 10.6?

Answer:

The SCRIPT Standard Implementation Guide Version 10.6 (page 175) addresses the “Sig Free Text String Indicator”. It states there are three options for the value that may be entered here and the definition for each is provided. It is recommended that for those implementing Sig with SCRIPT Version 10.6, value 2 be used.

SCRIPT Implementation Recommendations

Value 1. Capture what the MD ordered. **This value is sunsetted in future versions of SCRIPT, so its use is not recommended.**

Value 2. Reconstructed from the structured Sig. Use of this value indicates that the Sig Free Text String is created by constructing the string from the individual elements of the Sig.

Value 3. Pure free text. **Value 3 is not used in the SCRIPT Standard Version 10.6.** If the structured Sig cannot be generated, the segment is not used.

9.7.6 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."?

Answer:

For clarity, it is recommended that if the prescriber is directing specific times, the hours are specified in the Administration Timing segment. The additional "twice daily" is redundant and can cause confusion. If the prescriber is not directing specific times, the administration information (9 am and 5 pm in this example) are administration instructions, but not part of the sig directed by the prescriber and as such are not included in the Sig.

In long term care, the prescriber may specify a sig of "Twice Daily". The facility, acting as an agent, includes the administration timing per established protocol (e.g. 9:00 a.m. and 5:00 p.m.). This information is not included in the Sig.

9.7.7 HOW DO I SEND A STRUCTURED SIG IF THE TEXT IS GREATER THAN 140 CHARACTERS?

Answer:

If information related to the sig does not fit, <Note> should not be used. An alternate method of sending the prescription should be used.

In SCRIPT Standard Implementation Guide Version 10.6, the <Directions> element is limited to 140 characters, which can be a challenge for long directions/Sigs. This issue has been addressed in a future version of the SCRIPT Standard.

See section "*Directions/Sig*" for more guidance that can be used in any applicable setting.

9.7.8 CAN I INCLUDE THE PATIENT'S HEIGHT AND/OR WEIGHT IF I AM NOT SENDING A DOSE CALCULATION FORMULA?

Answer:

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"*.

9.7.9 WHAT IF THE DOSE AMOUNT AND/OR DURATION ARE NOT QUANTIFIABLE?

Answer:

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SCRIPT Implementation Recommendations

In SCRIPT Standard Implementation Guide Version 10.6, these fields are numeric only. If the dose amount and/or duration are not quantifiable, i.e. “pea-sized amount” “until gone”, then Structured Sig is not used. The sig should be sent as free text. This issue has been addressed in a future version of the SCRIPT Standard.

9.7.10 WHERE DO I SEND THE SNOMED CT CONCEPT ID FOR “PER MANUFACTURER PACKAGE INSTRUCTIONS” OR “PER INSTRUCTIONS PROVIDED IN MEDICAL ENCOUNTER”?

Answer:

The SNOMED CT Concept ID should be sent only in the <DoseDeliveryMethodCode> field and <DoseCompositeIndicator> Value 1 = Specified. The text field should always contain the textual representation of the code. Including this in other fields, such as <AdministrationTiming> may cause confusion to the receiver.

For “Take as per medical encounter instructions”

Use SNOMED CT Concept ID for “Provider medication administration instructions”.

The code is 422037009.

For “Take as per manufacturer package instructions.”

Use SNOMED CT Concept ID for “Instructions from the medication manufacturer”.

The code is **xxxx** (Anticipated publication date of January 2015).

9.7.11 HOW DO YOU EXPRESS SIMILAR BUT DISTINCT CONCEPTS?

Answer:

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.

9.8 RECOMMENDATIONS FROM SCRIPT VERSION 2013+ FOR THE IMPLEMENTER OF SCRIPT VERSION 10.6 TO BE AWARE

Listed below is a summary of the changes supported in SCRIPT 2013+. There are several fields that were added in SCRIPT 2013 which cannot be implemented in lower versions of SCRIPT (including SCRIPT Version 10.6).

- Within “Route”:
 - Required the use of the Route element, except in cases where the patient is instructed to follow either the manufacturer package labeling or directions provided as part of a clinical encounter.
- Within “Dose”:

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- Added the ability to indicate that the patient is to follow either manufacturer package labeling or information provided as part of a clinical encounter.
 - Until SCRIPT Version 2013+ is implemented, NCPDP has identified SNOMED CT Concept IDs that allow for this information to be communicated. See section ["Where do I send the SNOMED CT Concept ID for "Per Manufacturer Package Instructions" or "Per Instructions Provided in Medical Encounter"?"](#)
- Added the ability to indicate that the dose amount is not quantifiable in metric units, i.e. "a pea-sized amount".
 - Until SCRIPT Version 2013+ is implemented, the Structured Sig is not used and the sig is sent as free text.
- Within "Timing":
 - Clarified the use of the Timing element.
 - Added the ability to indicate that the duration may not be quantifiable, i.e. "until gone".
 - Until SCRIPT Version 2013+ is implemented, the Structured Sig is not used and the sig is sent as free text.
 - Added the ability to include more specificity including events and timing modifiers.
- Within each appropriate segment grouping, a clarifying free text element was added to support the inclusion of information that cannot be codified.

There are also changes to optionality that implementers may want to consider when implementing SCRIPT Version 10.6.

- It is recommended that the most recent version of the Code System be used; if not, trading partner agreement is required to specify which version is used.
- It is recommended that both SNOMED CT Version (<SNOMEDVersion>) and FMT Version (<FMTVersion>) be treated as mandatory elements.

In the newer version of the Structured and Codified Sig Imp Guide (which impacts SCRIPT 2013+) there were lessons learned from the pilot and therefore clarifications made that hopefully help show the intent of the free text fields.

The revisions included changes to the use of text to better reflect the requirements of the users. Also considered were structural support, as the format moved from EDI to XML, and requirements of state boards of pharmacy.

Note: Sig Free Text String Indicator is now called Sig Text Indicator and Sig Free Text is now called Sig Text. The allowable and updated values that are available for Sig Text Indicator are:

Value 2. Generated from structured Sig. The Sig Text is used and is a textual representation of structured Sig values and will not necessarily be grammatically correct nor pharmacist/patient friendly. **It is strongly recommended the generated Sig Text conform to the Sig grammar recommendations by NCPDP for consistency.** The generation may include clarifying free text fields.

Value 3. Pure free text. If a structured Sig cannot be generated, then the complete free text instructions are to be conveyed in the Sig Text field. When Sig Text String Indicator = 3 only the Sig Text is populated; no other Sig elements are populated.

In newer versions of the Structured and Codified Sig Imp Guide (which impacts SCRIPT 2013+) the Sig Text String Indicator value 1 (Capture what the MD ordered) was removed. It was determined that this value was no longer needed and the ambiguity associated with it has been resolved through other changes in the format.

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Version 2.0 adds clarifying free text elements to allow for greater specificity and to support situations that may not be codifiable.

9.8.1 <INDICATIONVALUEUNITOFMEASURECODE>

In SCRIPT Version 10.6, <IndicationValueUnitOfMeasureCode> is mandatory. Since then, the Structured and Codified Sig Format Implementation Guide Version 1.2 and SCRIPT Version 2011091 were modified as follows:

Indication Value Unit Of Measure Code was changed from “Required when segment is used” to “Required when segment is used and when Units are applicable to the Indication” as there are situations when the code is not applicable.

For use in SCRIPT Version 10.6 until SCRIPT Version 2011091, when you cannot quantify the unit of measure (e.g. pain, nausea, insomnia, depression, dizziness), the recommendation is to always use “present” for the Indication Value Unit of Measure Text.

An example default for pain where item 1-6 specify “as needed for pain” and 7-9 provide for a **non-measurable unit of measure**:

1. Indication Precursor Text = as needed for
2. Indication Precursor Code Qualifier = 1
3. Indication Precursor Code = 420449005 (as needed for)
4. Indication Text = pain
5. Indication Text Code Qualifier = 1
6. Indication Text Code = 22253000 (pain)
7. **Indication Value Unit Of Measure Text = present**
8. **Indication Value Unit of Measure Code Qualifier = 1**
9. **Indication Value Unit of Measure Code = 52101004 (present)**

If the unit of measure is non-quantifiable always use “present” (in SCRIPT Version 10.6 until SCRIPT Version 2011091).

An example for a **measurable unit of measure**:

1. Indication Precursor Text = as needed for
2. Indication Precursor Code Qualifier = 1
3. Indication Precursor Code = 420449005 (as needed for)
4. Indication Text = fever
5. Indication Text Code Qualifier = 1
6. Indication Text Code = 386661006 (fever)
7. **Indication Value Unit Of Measure Text = 101.5**
8. **Indication Value Unit of Measure Code Qualifier = 1**
9. **Indication Value Unit of Measure Code = 258712004 (Degrees fahrenheit)**

9.9 STRUCTURED SIG EXAMPLES

Listed below are XML examples of some of the most commonly used sigs in community pharmacy settings. These examples, such as take one tablet daily, or take one tablet every morning before breakfast, appear to comprise between 40%-60% of the prescriptions routinely processed by retail and mail order pharmacies.

In the examples,

1. <Qualifier> value is SNOMED or FMTDOSEFORM.
2. Only the elements necessary to relay the structured Sig are shown. Conditional elements are not shown when not applicable to the Sig.
3. It is recommended that the most recent version of the Code System be used; if not, trading partner agreement is required to specify which version is used.
4. When the structured Sig is sent, the <CodeSystem> is mandatory. There may be structured Sigs sent which based on their elements do not use SNOMED CT Concept ID or FMT Term from NCI for dose form. However, the recommendation is that both <SNOMEDVersion> and <FMTVersion> are mandatory elements. Each system that supports structured Sig will need to support the SNOMED CT Concept ID and FMT Term from NCI for dose form for Sigs they will send or receive. Therefore, the system should have the ability to populate a default version they support.
5. **Important: In the examples, there are situations where the <SigFreeText> string is not an exact match to the discrete data elements (such as oral route versus by mouth, daily versus per day, morning versus every morning).**
 - a. 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.).
 - b. 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.

9.9.1 TAKE 1 TABLET BY MOUTH DAILY

```
<StructuredSIG>
  <RepeatingSIG>
    <SigSequencePositionNumber>0</SigSequencePositionNumber>
  </RepeatingSIG>
  <CodeSystem>
    <SNOMEDVersion>20120731</SNOMEDVersion>
    <FMTVersion>14.01d</FMTVersion>
  </CodeSystem>
  <FreeText>
    <SigFreeTextStringIndicator>2</SigFreeTextStringIndicator>
    <SigFreeText>Take 1 tablet by mouth daily</SigFreeText>
  </FreeText>
</StructuredSIG>
```

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```
</FreeText>
<Dose>
  <DoseCompositeIndicator>1</DoseCompositeIndicator>
  <DoseDeliveryMethodText>Take</DoseDeliveryMethodText>
  <DoseDeliveryMethodCodeQualifier>1</DoseDeliveryMethodCodeQualifier>
  <DoseDeliveryMethodCode>419652001</DoseDeliveryMethodCode>
  <DoseQuantity>1</DoseQuantity>
  <DoseFormText>Tablet</DoseFormText>
  <DoseFormCodeQualifier>2</DoseFormCodeQualifier>
  <DoseFormCode>C42998</DoseFormCode>
</Dose>
<RouteofAdministration>
  <RouteofAdministrationText>oral route</RouteofAdministrationText>
  <RouteofAdministrationCodeQualifier>1</RouteofAdministrationCodeQualifier>
  <RouteofAdministrationCode>26643006</RouteofAdministrationCode>
</RouteofAdministration>
<Timing>
  <FrequencyNumericValue>1</FrequencyNumericValue>
  <FrequencyUnitsText>Day</FrequencyUnitsText>
  <FrequencyUnitsCodeQualifier>1</FrequencyUnitsCodeQualifier>
  <FrequencyUnitsCode>258703001</FrequencyUnitsCode>
</Timing>
</StructuredSIG>
```

Notes:

Element	Value	Note
<RouteofAdministrationCode> de>	26643006	Oral route versus by mouth
<Timing> elements		Elements contain data relaying for 1 time daily (one administration per day). See FAQ “How do you express similar but distinct concepts?”

9.9.2 TAKE 1 TABLET BY MOUTH TWICE A DAY

```
<StructuredSIG>
  <RepeatingSIG>
    <SigSequencePositionNumber>0</SigSequencePositionNumber>
  </RepeatingSIG>
  <CodeSystem>
    <SNOMEDVersion>20120731</SNOMEDVersion>
    <FMTVersion>14.01d</FMTVersion>
  </CodeSystem>
  <FreeText>
```

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```
<SigFreeTextStringIndicator>2</SigFreeTextStringIndicator>
<SigFreeText>Take 1 tablet by mouth twice a day</SigFreeText>
</FreeText>
<Dose>
  <DoseCompositeIndicator>1</DoseCompositeIndicator>
  <DoseDeliveryMethodText>Take</DoseDeliveryMethodText>
  <DoseDeliveryMethodCodeQualifier>1</DoseDeliveryMethodCodeQualifier>
  <DoseDeliveryMethodCode>419652001</DoseDeliveryMethodCode>
  <DoseQuantity>1</DoseQuantity>
  <DoseFormText>Tablet</DoseFormText>
  <DoseFormCodeQualifier>2</DoseFormCodeQualifier>
  <DoseFormCode>C42998</DoseFormCode>
</Dose>
<RouteofAdministration>
  <RouteofAdministrationText>oral route</RouteofAdministrationText>
  <RouteofAdministrationCodeQualifier>1</RouteofAdministrationCodeQualifier>
  <RouteofAdministrationCode>26643006</RouteofAdministrationCode>
</RouteofAdministration>
<Timing>
  <FrequencyNumericValue>2</FrequencyNumericValue>
  <FrequencyUnitsText>Day</FrequencyUnitsText>
  <FrequencyUnitsCodeQualifier>1</FrequencyUnitsCodeQualifier>
  <FrequencyUnitsCode>258703001</FrequencyUnitsCode>
</Timing>
</StructuredSIG>
```

Notes:

Element	Value	Note
<RouteofAdministrationCode>	26643006	Oral route versus by mouth
<Timing> elements		Elements contain data relaying for twice a day (two administrations per day). See FAQ " How do you express similar but distinct concepts? "

9.9.3 TAKE 1 TABLET BY MOUTH AT BEDTIME

```
<StructuredSIG>
  <RepeatingSIG>
    <SigSequencePositionNumber>0</SigSequencePositionNumber>
  </RepeatingSIG>
  <CodeSystem>
    <SNOMEDVersion>20130731</SNOMEDVersion>
    <FMTVersion>14.01d</FMTVersion>
```

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```
</CodeSystem>
<FreeText>
  <SigFreeTextStringIndicator>2</SigFreeTextStringIndicator>
  <SigFreeText>Take 1 tablet by mouth at bedtime</SigFreeText>
</FreeText>
<Dose>
  <DoseCompositeIndicator>1</DoseCompositeIndicator>
  <DoseDeliveryMethodText>Take</DoseDeliveryMethodText>
  <DoseDeliveryMethodCodeQualifier>1</DoseDeliveryMethodCodeQualifier>
  <DoseDeliveryMethodCode>419652001</DoseDeliveryMethodCode>
  <DoseQuantity>1</DoseQuantity>
  <DoseFormText>Tablet</DoseFormText>
  <DoseFormCodeQualifier>2</DoseFormCodeQualifier>
  <DoseFormCode>C42998</DoseFormCode>
</Dose>
<RouteofAdministration>
  <RouteofAdministrationText>oral route</RouteofAdministrationText>
  <RouteofAdministrationCodeQualifier>1</RouteofAdministrationCodeQualifier>
  <RouteofAdministrationCode>26643006</RouteofAdministrationCode>
</RouteofAdministration>
<Timing>
  <AdministrationTimingText>Bedtime</AdministrationTimingText>
  <AdministrationTimingCodeQualifier>1</AdministrationTimingCodeQualifier>
  <AdministrationTimingCode>21029003</AdministrationTimingCode>
  <FrequencyNumericValue>1</FrequencyNumericValue>
  <FrequencyUnitsText>Day</FrequencyUnitsText>
  <FrequencyUnitsCodeQualifier>1</FrequencyUnitsCodeQualifier>
  <FrequencyUnitsCode>258703001</FrequencyUnitsCode>
</Timing>
</StructuredSIG>
```

Notes:

Element	Value	Note
<RouteofAdministrationCode>	26643006	Oral route versus by mouth
<Timing> elements		Elements contain data relaying for 1 time daily at bedtime (one administration per day). See FAQ “How do you express similar but distinct concepts?”

9.9.4 TAKE 1 TABLET BY MOUTH 3 TIMES A DAY

```
<StructuredSIG>
<RepeatingSIG>
```

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```
<SigSequencePositionNumber>0</SigSequencePositionNumber>
</RepeatingSIG>
<CodeSystem>
  <SNOMEDVersion>20130731</SNOMEDVersion>
  <FMTVersion>14.01d</FMTVersion>
</CodeSystem>
<FreeText>
  <SigFreeTextStringIndicator>2</SigFreeTextStringIndicator>
  <SigFreeText>Take 1 tablet by mouth 3 times a day</SigFreeText>
</FreeText>
<Dose>
  <DoseCompositeIndicator>1</DoseCompositeIndicator>
  <DoseDeliveryMethodText>Take</DoseDeliveryMethodText>
  <DoseDeliveryMethodCodeQualifier>1</DoseDeliveryMethodCodeQualifier>
  <DoseDeliveryMethodCode>419652001</DoseDeliveryMethodCode>
  <DoseQuantity>1</DoseQuantity>
  <DoseFormText>Tablet</DoseFormText>
  <DoseFormCodeQualifier>2</DoseFormCodeQualifier>
  <DoseFormCode>C42998</DoseFormCode>
</Dose>
<RouteofAdministration>
  <RouteofAdministrationText>oral route</RouteofAdministrationText>
  <RouteofAdministrationCodeQualifier>1</RouteofAdministrationCodeQualifier>
  <RouteofAdministrationCode>26643006</RouteofAdministrationCode>
</RouteofAdministration>
<Timing>
  <FrequencyNumericValue>3</FrequencyNumericValue>
  <FrequencyUnitsText>Day</FrequencyUnitsText>
  <FrequencyUnitsCodeQualifier>1</FrequencyUnitsCodeQualifier>
  <FrequencyUnitsCode>258703001</FrequencyUnitsCode>
</Timing>
</StructuredSIG>
```

Notes:

Element	Value	Note
<RouteofAdministrationCode>	26643006	Oral route versus by mouth
<Timing> elements		Elements contain data relating for 3 times daily (three administrations per day). See FAQ “How do you express similar but distinct concepts?”

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9.9.5 TAKE AS DIRECTED – PER MEDICAL ENCOUNTER INSTRUCTIONS

```
<StructuredSIG>
  <RepeatingSIG>
    <SigSequencePositionNumber>0</SigSequencePositionNumber>
  </RepeatingSIG>
  <CodeSystem>
    <SNOMEDVersion>20130731</SNOMEDVersion>
    <FMTVersion>14.01d</FMTVersion>
  </CodeSystem>
  <FreeText>
    <SigFreeTextStringIndicator>2</SigFreeTextStringIndicator>
    <SigFreeText>Take by mouth as directed</SigFreeText>
  </FreeText>
  <Dose>
    <DoseCompositeIndicator>1</DoseCompositeIndicator>
    <DoseDeliveryMethodText>Take</DoseDeliveryMethodText>
    <DoseDeliveryMethodCodeQualifier>1</DoseDeliveryMethodCodeQualifier>
    <DoseDeliveryMethodCode>419652001</DoseDeliveryMethodCode>
  </Dose>
  <RouteofAdministration>
    <RouteofAdministrationText>oral route</RouteofAdministrationText>
    <RouteofAdministrationCodeQualifier>1</RouteofAdministrationCodeQualifier>
    <RouteofAdministrationCode>26643006</RouteofAdministrationCode>
  </RouteofAdministration>
  <Timing>
    <AdministrationTimingText>Provider medication administration instructions</AdministrationTimingText>
    <AdministrationTimingCodeQualifier>1</AdministrationTimingCodeQualifier>
    <AdministrationTimingCode>422037009</AdministrationTimingCode>
  </Timing>
</StructuredSIG>
```

Notes:

Element	Value	Note
<RouteofAdministrationCode>26643006</RouteofAdministrationCode>	26643006	Oral route versus by mouth
<Timing> elements		Elements contain data relaying take as directed – SNOMED CT Concept ID – 422037009 - Provider medication administration instructions.

9.9.6 TAKE 1 TABLET BY MOUTH EVERY MORNING

```
<StructuredSIG>
  <RepeatingSIG>
```

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```
<SigSequencePositionNumber>0</SigSequencePositionNumber>
</RepeatingSIG>
<CodeSystem>
  <SNOMEDVersion>20130731</SNOMEDVersion>
  <FMTVersion>14.01d</FMTVersion>
</CodeSystem>
<FreeText>
  <SigFreeTextStringIndicator>2</SigFreeTextStringIndicator>
  <SigFreeText>Take 1 tablet by mouth every morning</SigFreeText>
</FreeText>
<Dose>
  <DoseCompositeIndicator>1</DoseCompositeIndicator>
  <DoseDeliveryMethodText>Take</DoseDeliveryMethodText>
  <DoseDeliveryMethodCodeQualifier>1</DoseDeliveryMethodCodeQualifier>
  <DoseDeliveryMethodCode>419652001</DoseDeliveryMethodCode>
  <DoseQuantity>1</DoseQuantity>
  <DoseFormText>Tablet</DoseFormText>
  <DoseFormCodeQualifier>2</DoseFormCodeQualifier>
  <DoseFormCode>C42998</DoseFormCode>
</Dose>
<RouteofAdministration>
  <RouteofAdministrationText>oral route</RouteofAdministrationText>
  <RouteofAdministrationCodeQualifier>1</RouteofAdministrationCodeQualifier>
  <RouteofAdministrationCode>26643006</RouteofAdministrationCode>
</RouteofAdministration>
<Timing>
  <AdministrationTimingText>Morning</AdministrationTimingText>
  <AdministrationTimingCodeQualifier>1</AdministrationTimingCodeQualifier>
  <AdministrationTimingCode>73775008</AdministrationTimingCode>
  <FrequencyNumericValue>1</FrequencyNumericValue>
  <FrequencyUnitsText>Day</FrequencyUnitsText>
  <FrequencyUnitsCodeQualifier>1</FrequencyUnitsCodeQualifier>
  <FrequencyUnitsCode>258703001</FrequencyUnitsCode>
</Timing>
</StructuredSIG>
```

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Element	Value	Note
<RouteofAdministrationCode>	26643006	Oral route versus by mouth
<Timing> elements		Elements contain data relaying for 1 time daily every morning (one administration per day). See FAQ “How do you express similar but distinct concepts?”

9.9.7 TAKE 1 TABLET BY MOUTH EVERY EVENING

```
<StructuredSIG>
  <RepeatingSIG>
    <SigSequencePositionNumber>0</SigSequencePositionNumber>
  </RepeatingSIG>
  <CodeSystem>
    <SNOMEDVersion>20130731</SNOMEDVersion>
    <FMTVersion>14.01d</FMTVersion>
  </CodeSystem>
  <FreeText>
    <SigFreeTextStringIndicator>2</SigFreeTextStringIndicator>
    <SigFreeText>Take 1 tablet by mouth every evening</SigFreeText>
  </FreeText>
  <Dose>
    <DoseCompositeIndicator>1</DoseCompositeIndicator>
    <DoseDeliveryMethodText>Take</DoseDeliveryMethodText>
    <DoseDeliveryMethodCodeQualifier>1</DoseDeliveryMethodCodeQualifier>
    <DoseDeliveryMethodCode>419652001</DoseDeliveryMethodCode>
    <DoseQuantity>1</DoseQuantity>
    <DoseFormText>Tablet</DoseFormText>
    <DoseFormCodeQualifier>2</DoseFormCodeQualifier>
    <DoseFormCode>C42998</DoseFormCode>
  </Dose>
  <RouteofAdministration>
    <RouteofAdministrationText>oral route</RouteofAdministrationText>
    <RouteofAdministrationCodeQualifier>1</RouteofAdministrationCodeQualifier>
    <RouteofAdministrationCode>26643006</RouteofAdministrationCode>
  </RouteofAdministration>
  <Timing>
    <AdministrationTimingText>Evening</AdministrationTimingText>
    <AdministrationTimingCodeQualifier>1</AdministrationTimingCodeQualifier>
    <AdministrationTimingCode>3157002</AdministrationTimingCode>
    <FrequencyNumericValue>1</FrequencyNumericValue>
    <FrequencyUnitsText>Day</FrequencyUnitsText>
```

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```
<FrequencyUnitsCodeQualifier>1</FrequencyUnitsCodeQualifier>
<FrequencyUnitsCode>258703001</FrequencyUnitsCode>
</Timing>
</StructuredSIG>
```

Notes:

Element	Value	Note
<RouteofAdministrationCode>	26643006	Oral route versus by mouth
<Timing> elements		Elements contain data relaying for 1 time daily every evening (one administration per day). See FAQ " How do you express similar but distinct concepts? "

9.9.8 TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN

```
<StructuredSIG>
<RepeatingSIG>
  <SigSequencePositionNumber>0</SigSequencePositionNumber>
</RepeatingSIG>
<CodeSystem>
  <SNOMEDVersion>20130731</SNOMEDVersion>
  <FMTVersion>14.01d</FMTVersion>
</CodeSystem>
<FreeText>
  <SigFreeTextStringIndicator>2</SigFreeTextStringIndicator>
  <SigFreeText>Take 1 tablet by mouth every 6 hours as needed for pain</SigFreeText>
</FreeText>
<Dose>
  <DoseCompositeIndicator>1</DoseCompositeIndicator>
  <DoseDeliveryMethodText>Take</DoseDeliveryMethodText>
  <DoseDeliveryMethodCodeQualifier>1</DoseDeliveryMethodCodeQualifier>
  <DoseDeliveryMethodCode>419652001</DoseDeliveryMethodCode>
  <DoseQuantity>1</DoseQuantity>
  <DoseFormText>Tablet</DoseFormText>
  <DoseFormCodeQualifier>2</DoseFormCodeQualifier>
  <DoseFormCode>C42998</DoseFormCode>
</Dose>
<RouteofAdministration>
  <RouteofAdministrationText>oral route</RouteofAdministrationText>
  <RouteofAdministrationCodeQualifier>1</RouteofAdministrationCodeQualifier>
  <RouteofAdministrationCode>26643006</RouteofAdministrationCode>
</RouteofAdministration>
```

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```
<Timing>
  <IntervalNumericValue>6</IntervalNumericValue>
  <IntervalUnitsText>hour</IntervalUnitsText>
  <IntervalUnitsCodeQualifier>1</IntervalUnitsCodeQualifier>
  <IntervalUnitsCode>258702006</IntervalUnitsCode>
</Timing>
<Indication>
  <IndicationPrecursorText>as needed for</IndicationPrecursorText>
  <IndicationPrecursorCodeQualifier>1</IndicationPrecursorCodeQualifier>
  <IndicationPrecursorCode>420449005</IndicationPrecursorCode>
  <IndicationText>pain</IndicationText>
  <IndicationTextCodeQualifier>1</IndicationTextCodeQualifier>
  <IndicationTextCode>22253000</IndicationTextCode>
  <IndicationValueUnitofMeasureCode>52101004</IndicationValueUnitofMeasureCode>
</Indication>
</StructuredSIG>
```

Notes:

Element	Value	Note
<RouteofAdministrationCode>	26643006	Oral route versus by mouth
<Timing> elements		Elements contain data relaying a 6 hour interval
<Indication> elements		Elements contain data relaying as needed for pain (see section " <IndicationValueUnitOfMeasureCode> ").

9.9.9 TAKE 2 TABLETS BY MOUTH AS ONE DOSE ON THE FIRST DAY THEN TAKE ONE TABLET DAILY THEREAFTER

```
<StructuredSIG>
  <RepeatingSIG>
    <SigSequencePositionNumber>1</SigSequencePositionNumber>
    <MultipleSigModifier>AND</MultipleSigModifier>
  </RepeatingSIG>
  <CodeSystem>
    <SNOMEDVersion>20130731</SNOMEDVersion>
    <FMTVersion>14.01d</FMTVersion>
  </CodeSystem>
  <FreeText>
    <SigFreeTextStringIndicator>2</SigFreeTextStringIndicator>
    <SigFreeText>Take 2 tablets by mouth as one dose on the first day then take one tablet daily thereafter</SigFreeText>
  </FreeText>
  <Dose>
    <DoseCompositeIndicator>1</DoseCompositeIndicator>
```

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```
<DoseDeliveryMethodText>Take</DoseDeliveryMethodText>
<DoseDeliveryMethodCodeQualifier>1</DoseDeliveryMethodCodeQualifier>
<DoseDeliveryMethodCode>419652001</DoseDeliveryMethodCode>
<DoseQuantity>2</DoseQuantity>
<DoseFormText>Tablet</DoseFormText>
<DoseFormCodeQualifier>2</DoseFormCodeQualifier>
<DoseFormCode>C42998</DoseFormCode>
</Dose>
<RouteofAdministration>
  <RouteofAdministrationText>oral route</RouteofAdministrationText>
  <RouteofAdministrationCodeQualifier>1</RouteofAdministrationCodeQualifier>
  <RouteofAdministrationCode>26643006</RouteofAdministrationCode>
</RouteofAdministration>
<Timing>
  <FrequencyNumericValue>1</FrequencyNumericValue>
  <FrequencyUnitsText>Day</FrequencyUnitsText>
  <FrequencyUnitsCodeQualifier>1</FrequencyUnitsCodeQualifier>
  <FrequencyUnitsCode>258703001</FrequencyUnitsCode>
</Timing>
<Duration>
  <DurationNumericValue>1</DurationNumericValue>
  <DurationText>Day</DurationText>
  <DurationTextCodeQualifier>1</DurationTextCodeQualifier>
  <DurationTextCode>258703001</DurationTextCode>
</Duration>
</StructuredSIG>
<StructuredSIG>
  <RepeatingSIG>
    <SigSequencePositionNumber>2</SigSequencePositionNumber>
  </RepeatingSIG>
  <CodeSystem>
    <SNOMEDVersion>20130731</SNOMEDVersion>
    <FMTVersion>14.01d</FMTVersion>
  </CodeSystem>
  <FreeText>
    <SigFreeTextStringIndicator>2</SigFreeTextStringIndicator>
    <SigFreeText>Take 2 tablets by mouth as one dose on the first day then take one tablet daily thereafter</SigFreeText>
  </FreeText>
</Dose>
<Dose>
  <DoseCompositeIndicator>1</DoseCompositeIndicator>
  <DoseDeliveryMethodText>Take</DoseDeliveryMethodText>
  <DoseDeliveryMethodCodeQualifier>1</DoseDeliveryMethodCodeQualifier>
```

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```
<DoseDeliveryMethodCode>419652001</DoseDeliveryMethodCode>
<DoseQuantity>1</DoseQuantity>
<DoseFormText>Tablet</DoseFormText>
<DoseFormCodeQualifier>2</DoseFormCodeQualifier>
<DoseFormCode>C42998</DoseFormCode>
</Dose>
<RouteofAdministration>
  <RouteofAdministrationText>Oral Route</RouteofAdministrationText>
  <RouteofAdministrationCodeQualifier>1</RouteofAdministrationCodeQualifier>
  <RouteofAdministrationCode>26643006</RouteofAdministrationCode>
</RouteofAdministration>
<Timing>
  <FrequencyNumericValue>1</FrequencyNumericValue>
  <FrequencyUnitsText>Day</FrequencyUnitsText>
  <FrequencyUnitsCodeQualifier>1</FrequencyUnitsCodeQualifier>
  <FrequencyUnitsCode>258703001</FrequencyUnitsCode>
</Timing>
<Duration>
  <DurationNumericValue>1</DurationNumericValue>
  <DurationText>After</DurationText>
  <DurationTextCodeQualifier>1</DurationTextCodeQualifier>
  <DurationTextCode>255234002</DurationTextCode>
</Duration>
</StructuredSIG>
```

Notes:

Element	Value	Note
<SigSequencePositionNumber>	1	First loop.
<MultipleSigModifier>	AND	There are two loops for the different instructions per day. The modifier joins the loops.
<RouteofAdministrationCode>	26643006	Oral route versus by mouth
<Timing> elements		Elements contain data relaying for 1 time daily (one administration per day) (first loop). See FAQ " How do you express similar but distinct concepts? "
<Duration> elements		Elements contain data relaying for 1 day.
<SigSequencePositionNumber>	2	Second loop.
<RouteofAdministrationCode>	26643006	Oral route versus by mouth
<Timing> elements		Elements contain data relaying for 1 time daily (one administration per day) (second loop). See FAQ " How do you express similar but distinct concepts? "

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<Duration> elements	Elements contain data relaying after 1 day. (Thereafter is not sent as a discrete data element)
---------------------	--

9.9.10 TAKE 2 TABLETS BY MOUTH EVERY DAY FOR 5 DAYS

```
<StructuredSIG>
  <RepeatingSIG>
    <SigSequencePositionNumber>0</SigSequencePositionNumber>
  </RepeatingSIG>
  <CodeSystem>
    <SNOMEDVersion>20120731</SNOMEDVersion>
    <FMTVersion>14.01d</FMTVersion>
  </CodeSystem>
  <FreeText>
    <SigFreeTextStringIndicator>2</SigFreeTextStringIndicator>
    <SigFreeText>Take 2 tablets by mouth every day for 5 days</SigFreeText>
  </FreeText>
  <Dose>
    <DoseCompositeIndicator>1</DoseCompositeIndicator>
    <DoseDeliveryMethodText>Take</DoseDeliveryMethodText>
    <DoseDeliveryMethodCodeQualifier>1</DoseDeliveryMethodCodeQualifier>
    <DoseDeliveryMethodCode>419652001</DoseDeliveryMethodCode>
    <DoseQuantity>2</DoseQuantity>
    <DoseFormText>Tablet</DoseFormText>
    <DoseFormCodeQualifier>2</DoseFormCodeQualifier>
    <DoseFormCode>C42998</DoseFormCode>
  </Dose>
  <RouteofAdministration>
    <RouteofAdministrationText>oral route</RouteofAdministrationText>
    <RouteofAdministrationCodeQualifier>1</RouteofAdministrationCodeQualifier>
    <RouteofAdministrationCode>26643006</RouteofAdministrationCode>
  </RouteofAdministration>
  <Timing>
    <FrequencyNumericValue>1</FrequencyNumericValue>
    <FrequencyUnitsText>Day</FrequencyUnitsText>
    <FrequencyUnitsCodeQualifier>1</FrequencyUnitsCodeQualifier>
    <FrequencyUnitsCode>258703001</FrequencyUnitsCode>
  </Timing>
  <Duration>
    <DurationNumericValue>5</DurationNumericValue>
    <DurationText>Days</DurationText>
    <DurationTextCodeQualifier>1</DurationTextCodeQualifier>
```

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```
<DurationTextCode>258703001</DurationTextCode>
</Duration>
</StructuredSIG>
```

Notes:

Element	Value	Note
<RouteofAdministrationCode>	26643006	Oral route versus by mouth
<Timing> elements		Elements contain data relaying for 1 time daily (one administration per day). See FAQ " How do you express similar but distinct concepts? "

9.9.11 TAKE 2 TABLETS BY MOUTH DAILY

```
<StructuredSIG>
  <RepeatingSIG>
    <SigSequencePositionNumber>0</SigSequencePositionNumber>
  </RepeatingSIG>
  <CodeSystem>
    <SNOMEDVersion>20120731</SNOMEDVersion>
    <FMTVersion>14.01d</FMTVersion>
  </CodeSystem>
  <FreeText>
    <SigFreeTextStringIndicator>2</SigFreeTextStringIndicator>
    <SigFreeText>Take 2 tablets by mouth daily</SigFreeText>
  </FreeText>
  <Dose>
    <DoseCompositeIndicator>1</DoseCompositeIndicator>
    <DoseDeliveryMethodText>Take</DoseDeliveryMethodText>
    <DoseDeliveryMethodCodeQualifier>1</DoseDeliveryMethodCodeQualifier>
    <DoseDeliveryMethodCode>419652001</DoseDeliveryMethodCode>
    <DoseQuantity>2</DoseQuantity>
    <DoseFormText>Tablet</DoseFormText>
    <DoseFormCodeQualifier>2</DoseFormCodeQualifier>
    <DoseFormCode>C42998</DoseFormCode>
  </Dose>
  <RouteofAdministration>
    <RouteofAdministrationText>oral route</RouteofAdministrationText>
    <RouteofAdministrationCodeQualifier>1</RouteofAdministrationCodeQualifier>
    <RouteofAdministrationCode>26643006</RouteofAdministrationCode>
  </RouteofAdministration>
  <Timing>
    <FrequencyNumericValue>1</FrequencyNumericValue>
```

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```
<FrequencyUnitsText>Day</FrequencyUnitsText>
<FrequencyUnitsCodeQualifier>1</FrequencyUnitsCodeQualifier>
<FrequencyUnitsCode>258703001</FrequencyUnitsCode>
</Timing>
</StructuredSIG>
```

Notes:

Element	Value	Note
<RouteofAdministrationCode>	26643006	Oral route versus by mouth
<Timing> elements		Elements contain data relaying for 1 time daily (one administration per day). See FAQ “How do you express similar but distinct concepts?”

9.9.12 TAKE 1 TABLET BY MOUTH 4 TIMES A DAY

```
<StructuredSIG>
<RepeatingSIG>
  <SigSequencePositionNumber>0</SigSequencePositionNumber>
</RepeatingSIG>
<CodeSystem>
  <SNOMEDVersion>20120731</SNOMEDVersion>
  <FMTVersion>14.01d</FMTVersion>
</CodeSystem>
<FreeText>
  <SigFreeTextStringIndicator>2</SigFreeTextStringIndicator>
  <SigFreeText>Take 1 tablet by mouth 4 times a day</SigFreeText>
</FreeText>
<Dose>
  <DoseCompositeIndicator>1</DoseCompositeIndicator>
  <DoseDeliveryMethodText>Take</DoseDeliveryMethodText>
  <DoseDeliveryMethodCodeQualifier>1</DoseDeliveryMethodCodeQualifier>
  <DoseDeliveryMethodCode>419652001</DoseDeliveryMethodCode>
  <DoseQuantity>1</DoseQuantity>
  <DoseFormText>Tablet</DoseFormText>
  <DoseFormCodeQualifier>2</DoseFormCodeQualifier>
  <DoseFormCode>C42998</DoseFormCode>
</Dose>
<RouteofAdministration>
  <RouteofAdministrationText>oral route</RouteofAdministrationText>
  <RouteofAdministrationCodeQualifier>1</RouteofAdministrationCodeQualifier>
  <RouteofAdministrationCode>26643006</RouteofAdministrationCode>
</RouteofAdministration>
```

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```
<Timing>
  <FrequencyNumericValue>4</FrequencyNumericValue>
  <FrequencyUnitsText>Day</FrequencyUnitsText>
  <FrequencyUnitsCodeQualifier>1</FrequencyUnitsCodeQualifier>
  <FrequencyUnitsCode>258703001</FrequencyUnitsCode>
</Timing>
</StructuredSIG>
```

Notes:

Element	Value	Note
<RouteofAdministrationCode>	26643006	Oral route versus by mouth
<Timing> elements		Elements contain data relaying for 4 times daily (four administrations per day). See FAQ “How do you express similar but distinct concepts?”

9.9.13 TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR COUGH

```
<StructuredSIG>
  <RepeatingSIG>
    <SigSequencePositionNumber>0</SigSequencePositionNumber>
  </RepeatingSIG>
  <CodeSystem>
    <SNOMEDVersion>20130731</SNOMEDVersion>
    <FMTVersion>14.01d</FMTVersion>
  </CodeSystem>
  <FreeText>
    <SigFreeTextStringIndicator>2</SigFreeTextStringIndicator>
    <SigFreeText>Take 1 tablet by mouth every 6 hours as needed for cough</SigFreeText>
  </FreeText>
  <Dose>
    <DoseCompositeIndicator>1</DoseCompositeIndicator>
    <DoseDeliveryMethodText>Take</DoseDeliveryMethodText>
    <DoseDeliveryMethodCodeQualifier>1</DoseDeliveryMethodCodeQualifier>
    <DoseDeliveryMethodCode>419652001</DoseDeliveryMethodCode>
    <DoseQuantity>1</DoseQuantity>
    <DoseFormText>Tablet</DoseFormText>
    <DoseFormCodeQualifier>2</DoseFormCodeQualifier>
    <DoseFormCode>C42998</DoseFormCode>
  </Dose>
  <RouteofAdministration>
    <RouteofAdministrationText>oral route</RouteofAdministrationText>
    <RouteofAdministrationCodeQualifier>1</RouteofAdministrationCodeQualifier>
```

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```
<RouteofAdministrationCode>26643006</RouteofAdministrationCode>
</RouteofAdministration>
<Timing>
  <IntervalNumericValue>6</IntervalNumericValue>
  <IntervalUnitsText>hour</IntervalUnitsText>
  <IntervalUnitsCodeQualifier>1</IntervalUnitsCodeQualifier>
  <IntervalUnitsCode>258702006</IntervalUnitsCode>
</Timing>
<Indication>
  <IndicationPrecursorText>as needed for</IndicationPrecursorText>
  <IndicationPrecursorCodeQualifier>1</IndicationPrecursorCodeQualifier>
  <IndicationPrecursorCode>420449005</IndicationPrecursorCode>
  <IndicationText>cough</IndicationText>
  <IndicationTextCodeQualifier>1</IndicationTextCodeQualifier>
  <IndicationTextCode>49727002</IndicationTextCode>
  <IndicationValueUnitofMeasureCode>52101004</IndicationValueUnitofMeasureCode>
</Indication>
</StructuredSIG>
```

Notes:

Element	Value	Note
<RouteofAdministrationCode>	26643006	Oral route versus by mouth
<Timing> elements		Elements contain data relaying a 6 hour interval
<Indication> elements		Elements contain data relaying as needed for cough (see section "<IndicationValueUnitOfMeasureCode>").

9.9.14 TAKE 2 TABLETS BY MOUTH TWICE DAILY

```
<StructuredSIG>
  <RepeatingSIG>
    <SigSequencePositionNumber>0</SigSequencePositionNumber>
  </RepeatingSIG>
  <CodeSystem>
    <SNOMEDVersion>20120731</SNOMEDVersion>
    <FMTVersion>14.01d</FMTVersion>
  </CodeSystem>
  <FreeText>
    <SigFreeTextStringIndicator>2</SigFreeTextStringIndicator>
    <SigFreeText>Take 2 tablets by mouth twice daily</SigFreeText>
  </FreeText>
  <Dose>
    <DoseCompositeIndicator>1</DoseCompositeIndicator>
```

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```
<DoseDeliveryMethodText>Take</DoseDeliveryMethodText>
<DoseDeliveryMethodCodeQualifier>1</DoseDeliveryMethodCodeQualifier>
<DoseDeliveryMethodCode>419652001</DoseDeliveryMethodCode>
<DoseQuantity>2</DoseQuantity>
<DoseFormText>Tablet</DoseFormText>
<DoseFormCodeQualifier>2</DoseFormCodeQualifier>
<DoseFormCode>C42998</DoseFormCode>
</Dose>
<RouteofAdministration>
  <RouteofAdministrationText>oral route</RouteofAdministrationText>
  <RouteofAdministrationCodeQualifier>1</RouteofAdministrationCodeQualifier>
  <RouteofAdministrationCode>26643006</RouteofAdministrationCode>
</RouteofAdministration>
<Timing>
  <FrequencyNumericValue>2</FrequencyNumericValue>
  <FrequencyUnitsText>Day</FrequencyUnitsText>
  <FrequencyUnitsCodeQualifier>1</FrequencyUnitsCodeQualifier>
  <FrequencyUnitsCode>258703001</FrequencyUnitsCode>
</Timing>
</StructuredSIG>
```

Notes:

Element	Value	Note
<RouteofAdministrationCode>	26643006	Oral route versus by mouth
<Timing> elements		Elements contain data relaying for twice daily (two administrations per day). See FAQ “How do you express similar but distinct concepts?”

9.9.15 TAKE 1 TABLET BY MOUTH EVERY 4 TO 6 HOURS AS NEEDED FOR PAIN

```
<StructuredSIG>
  <RepeatingSIG>
    <SigSequencePositionNumber>1</SigSequencePositionNumber>
  </RepeatingSIG>
  <CodeSystem>
    <SNOMEDVersion>20130731</SNOMEDVersion>
    <FMTVersion>14.01d</FMTVersion>
  </CodeSystem>
  <FreeText>
    <SigFreeTextStringIndicator>2</SigFreeTextStringIndicator>
    <SigFreeText>Take 1 tablet by mouth every 4 to 6 hours as needed for pain</SigFreeText>
  </FreeText>
```

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```
<Dose>
  <DoseCompositeIndicator>1</DoseCompositeIndicator>
  <DoseDeliveryMethodText>Take</DoseDeliveryMethodText>
  <DoseDeliveryMethodCodeQualifier>1</DoseDeliveryMethodCodeQualifier>
  <DoseDeliveryMethodCode>419652001</DoseDeliveryMethodCode>
  <DoseQuantity>1</DoseQuantity>
  <DoseFormText>Tablet</DoseFormText>
  <DoseFormCodeQualifier>2</DoseFormCodeQualifier>
  <DoseFormCode>C42998</DoseFormCode>
</Dose>
<RouteofAdministration>
  <RouteofAdministrationText>oral route</RouteofAdministrationText>
  <RouteofAdministrationCodeQualifier>1</RouteofAdministrationCodeQualifier>
  <RouteofAdministrationCode>26643006</RouteofAdministrationCode>
</RouteofAdministration>
<Timing>
  <IntervalNumericValue>4</IntervalNumericValue>
  <IntervalUnitsText>hour</IntervalUnitsText>
  <IntervalUnitsCodeQualifier>1</IntervalUnitsCodeQualifier>
  <IntervalUnitsCode>258702006</IntervalUnitsCode>
  <VariableIntervalModifier>TO</VariableIntervalModifier>
</Timing>
<Indication>
  <IndicationPrecursorText>as needed for</IndicationPrecursorText>
  <IndicationPrecursorCodeQualifier>1</IndicationPrecursorCodeQualifier>
  <IndicationPrecursorCode>420449005</IndicationPrecursorCode>
  <IndicationText>pain</IndicationText>
  <IndicationTextCodeQualifier>1</IndicationTextCodeQualifier>
  <IndicationTextCode>22253000</IndicationTextCode>
  <IndicationValueUnitofMeasureText>present</IndicationValueUnitofMeasureText>
  <IndicationValueUnitofMeasureCodeQualifier>1</IndicationValueUnitofMeasureCodeQualifier>
  <IndicationValueUnitofMeasureCode>52101004</IndicationValueUnitofMeasureCode>
</Indication>
</StructuredSIG>
<StructuredSIG>
  <RepeatingSIG>
    <SigSequencePositionNumber>2</SigSequencePositionNumber>
  </RepeatingSIG>
  <CodeSystem>
    <SNOMEDVersion>20130731</SNOMEDVersion>
    <FMTVersion>14.01d</FMTVersion>
  </CodeSystem>
```

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```
<FreeText>
  <SigFreeTextStringIndicator>2</SigFreeTextStringIndicator>
  <SigFreeText>Take 1 tablet by mouth every 4 to 6 hours as needed for pain</SigFreeText>
</FreeText>
<Dose>
  <DoseCompositeIndicator>1</DoseCompositeIndicator>
  <DoseDeliveryMethodText>Take</DoseDeliveryMethodText>
  <DoseDeliveryMethodCodeQualifier>1</DoseDeliveryMethodCodeQualifier>
  <DoseDeliveryMethodCode>419652001</DoseDeliveryMethodCode>
  <DoseQuantity>1</DoseQuantity>
  <DoseFormText>Tablet</DoseFormText>
  <DoseFormCodeQualifier>2</DoseFormCodeQualifier>
  <DoseFormCode>C42998</DoseFormCode>
</Dose>
<RouteofAdministration>
  <RouteofAdministrationText>oral route</RouteofAdministrationText>
  <RouteofAdministrationCodeQualifier>1</RouteofAdministrationCodeQualifier>
  <RouteofAdministrationCode>26643006</RouteofAdministrationCode>
</RouteofAdministration>
<Timing>
  <IntervalNumericValue>6</IntervalNumericValue>
  <IntervalUnitsText>hour</IntervalUnitsText>
  <IntervalUnitsCodeQualifier>1</IntervalUnitsCodeQualifier>
  <IntervalUnitsCode>258702006</IntervalUnitsCode>
</Timing>
<Indication>
  <IndicationPrecursorText>as needed for</IndicationPrecursorText>
  <IndicationPrecursorCodeQualifier>1</IndicationPrecursorCodeQualifier>
  <IndicationPrecursorCode>420449005</IndicationPrecursorCode>
  <IndicationText>pain</IndicationText>
  <IndicationTextCodeQualifier>1</IndicationTextCodeQualifier>
  <IndicationTextCode>22253000</IndicationTextCode>
  <IndicationValueUnitofMeasureText>present</IndicationValueUnitofMeasureText>
  <IndicationValueUnitofMeasureCodeQualifier>1</IndicationValueUnitofMeasureCodeQualifier>
  <IndicationValueUnitofMeasureCode>52101004</IndicationValueUnitofMeasureCode>
</Indication>
</StructuredSIG>
```

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Element	Value	Note
<SigSequencePositionNumber>	1	First loop.
<RouteofAdministrationCode>	26643006	Oral route versus by mouth
<Timing> elements		Elements contain data relaying for 4 hours TO daily (first loop)
<Indication> elements		Elements contain data relaying as needed for pain (see section " IndicationValueUnitOfMeasureCode ").
<SigSequencePositionNumber>	2	Second loop.
<RouteofAdministrationCode>	26643006	Oral route versus by mouth
<Timing> elements		Elements contain data relaying for the second part (6 hours) (second loop)

9.9.16 TAKE 1 TABLET BY MOUTH TWICE A DAY FOR 10 DAYS

```
<StructuredSIG>
  <RepeatingSIG>
    <SigSequencePositionNumber>0</SigSequencePositionNumber>
  </RepeatingSIG>
  <CodeSystem>
    <SNOMEDVersion>20120731</SNOMEDVersion>
    <FMTVersion>14.01d</FMTVersion>
  </CodeSystem>
  <FreeText>
    <SigFreeTextStringIndicator>2</SigFreeTextStringIndicator>
    <SigFreeText>Take 1 tablet by mouth twice a day for 10 days</SigFreeText>
  </FreeText>
  <Dose>
    <DoseCompositeIndicator>1</DoseCompositeIndicator>
    <DoseDeliveryMethodText>Take</DoseDeliveryMethodText>
    <DoseDeliveryMethodCodeQualifier>1</DoseDeliveryMethodCodeQualifier>
    <DoseDeliveryMethodCode>419652001</DoseDeliveryMethodCode>
    <DoseQuantity>1</DoseQuantity>
    <DoseFormText>Tablet</DoseFormText>
    <DoseFormCodeQualifier>2</DoseFormCodeQualifier>
    <DoseFormCode>C42998</DoseFormCode>
  </Dose>
  <RouteofAdministration>
    <RouteofAdministrationText>oral route</RouteofAdministrationText>
    <RouteofAdministrationCodeQualifier>1</RouteofAdministrationCodeQualifier>
```

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```
<RouteofAdministrationCode>26643006</RouteofAdministrationCode>
</RouteofAdministration>
<Timing>
  <FrequencyNumericValue>2</FrequencyNumericValue>
  <FrequencyUnitsText>Day</FrequencyUnitsText>
  <FrequencyUnitsCodeQualifier>1</FrequencyUnitsCodeQualifier>
  <FrequencyUnitsCode>258703001</FrequencyUnitsCode>
</Timing>
<Duration>
  <DurationNumericValue>10</DurationNumericValue>
  <DurationText>day</DurationText>
  <DurationTextCodeQualifier>1</DurationTextCodeQualifier>
  <DurationTextCode>419652001</DurationTextCode>
</Duration>
</StructuredSIG>
```

Notes:

Element	Value	Note
<RouteofAdministrationCode>	26643006	Oral route versus by mouth
<Timing> elements		Elements contain data relaying for twice a day (two administrations per day). See FAQ “How do you express similar but distinct concepts?”
<Duration> elements		Elements contain data relaying for 10 days

9.9.17 TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 TO 6 HOURS AS NEEDED FOR PAIN

```
<StructuredSIG>
  <RepeatingSIG>
    <SigSequencePositionNumber>1</SigSequencePositionNumber>
  </RepeatingSIG>
  <CodeSystem>
    <SNOMEDVersion>20130731</SNOMEDVersion>
    <FMTVersion>14.01d</FMTVersion>
  </CodeSystem>
  <FreeText>
    <SigFreeTextStringIndicator>2</SigFreeTextStringIndicator>
    <SigFreeText>Take 1 to 2 tablets by mouth every 4 to 6 hours as needed for pain</SigFreeText>
  </FreeText>
  <Dose>
    <DoseCompositeIndicator>1</DoseCompositeIndicator>
    <DoseDeliveryMethodText>Take</DoseDeliveryMethodText>
    <DoseDeliveryMethodCodeQualifier>1</DoseDeliveryMethodCodeQualifier>
```

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```
<DoseDeliveryMethodCode>419652001</DoseDeliveryMethodCode>
<DoseQuantity>1</DoseQuantity>
<DoseFormText>Tablet</DoseFormText>
<DoseFormCodeQualifier>2</DoseFormCodeQualifier>
<DoseFormCode>C42998</DoseFormCode>
<DoseRangeModifier>TO</DoseRangeModifier>
</Dose>
<RouteofAdministration>
  <RouteofAdministrationText>oral route</RouteofAdministrationText>
  <RouteofAdministrationCodeQualifier>1</RouteofAdministrationCodeQualifier>
  <RouteofAdministrationCode>26643006</RouteofAdministrationCode>
</RouteofAdministration>
<Timing>
  <IntervalNumericValue>4</IntervalNumericValue>
  <IntervalUnitsText>hour</IntervalUnitsText>
  <IntervalUnitsCodeQualifier>1</IntervalUnitsCodeQualifier>
  <IntervalUnitsCode>258702006</IntervalUnitsCode>
  <VariableIntervalModifier>TO</VariableIntervalModifier>
</Timing>
<Indication>
  <IndicationPrecursorText>as needed for</IndicationPrecursorText>
  <IndicationPrecursorCodeQualifier>1</IndicationPrecursorCodeQualifier>
  <IndicationPrecursorCode>420449005</IndicationPrecursorCode>
  <IndicationText>pain</IndicationText>
  <IndicationTextCodeQualifier>1</IndicationTextCodeQualifier>
  <IndicationTextCode>22253000</IndicationTextCode>
  <IndicationValueUnitofMeasureCode>52101004</IndicationValueUnitofMeasureCode>
</Indication>
</StructuredSIG>
<StructuredSIG>
  <RepeatingSIG>
    <SigSequencePositionNumber>2</SigSequencePositionNumber>
  </RepeatingSIG>
  <CodeSystem>
    <SNOMEDVersion>20130731</SNOMEDVersion>
    <FMTVersion>14.01d</FMTVersion>
  </CodeSystem>
  <FreeText>
    <SigFreeTextStringIndicator>2</SigFreeTextStringIndicator>
    <SigFreeText>Take 1 to 2 tablets by mouth every 4 to 6 hours as needed for pain</SigFreeText>
  </FreeText>
</Dose>
```

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```
<DoseCompositeIndicator>1</DoseCompositeIndicator>
<DoseDeliveryMethodText>Take</DoseDeliveryMethodText>
<DoseDeliveryMethodCodeQualifier>1</DoseDeliveryMethodCodeQualifier>
<DoseDeliveryMethodCode>419652001</DoseDeliveryMethodCode>
<DoseQuantity>2</DoseQuantity>
<DoseFormText>Tablet</DoseFormText>
<DoseFormCodeQualifier>2</DoseFormCodeQualifier>
<DoseFormCode>C42998</DoseFormCode>
</Dose>
<RouteofAdministration>
  <RouteofAdministrationText>oral route</RouteofAdministrationText>
  <RouteofAdministrationCodeQualifier>1</RouteofAdministrationCodeQualifier>
  <RouteofAdministrationCode>26643006</RouteofAdministrationCode>
</RouteofAdministration>
<Timing>
  <IntervalNumericValue>6</IntervalNumericValue>
  <IntervalUnitsText>hour</IntervalUnitsText>
  <IntervalUnitsCodeQualifier>1</IntervalUnitsCodeQualifier>
  <IntervalUnitsCode>258702006</IntervalUnitsCode>
</Timing>
<Indication>
  <IndicationPrecursorText>as needed for</IndicationPrecursorText>
  <IndicationPrecursorCodeQualifier>1</IndicationPrecursorCodeQualifier>
  <IndicationPrecursorCode>420449005</IndicationPrecursorCode>
  <IndicationText>pain</IndicationText>
  <IndicationTextCodeQualifier>1</IndicationTextCodeQualifier>
  <IndicationTextCode>22253000</IndicationTextCode>
  <IndicationValueUnitofMeasureCode>52101004</IndicationValueUnitofMeasureCode>
</Indication>
</StructuredSIG>
```

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Element	Value	Note
<SigSequencePositionNumber>	1	First loop.
<Dose> elements		Elements contain data relaying 1 TO (first loop)
<RouteofAdministrationCode>	26643006	Oral route versus by mouth
<Timing> elements		Elements contain data relaying for 4 hours TO daily (first loop)
<Indication> elements		Elements contain data relaying as needed for pain (see section “<IndicationValueUnitOfMeasureCode>”).
<SigSequencePositionNumber>	2	Second loop.
<RouteofAdministrationCode>	26643006	Oral route versus by mouth
<Dose> elements		Elements contain data relaying for the second part (2) (second loop)
<Timing> elements		Elements contain data relaying for the second part (6 hours) (second loop)
<Indication> elements		Elements contain data relaying as needed for pain (see section “<IndicationValueUnitOfMeasureCode>”).

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9.9.18 TAKE 1 TABLET BY MOUTH 3 TIMES A DAY AS NEEDED FOR HEADACHE

```

<StructuredSIG>
  <RepeatingSIG>
    <SigSequencePositionNumber>0</SigSequencePositionNumber>
  </RepeatingSIG>
  <CodeSystem>
    <SNOMEDVersion>20130731</SNOMEDVersion>
    <FMTVersion>14.01d</FMTVersion>
  </CodeSystem>
  <FreeText>
    <SigFreeTextStringIndicator>2</SigFreeTextStringIndicator>
    <SigFreeText>Take 1 tablet by mouth 3 times a day as needed for headache</SigFreeText>
  </FreeText>
  <Dose>
    <DoseCompositeIndicator>1</DoseCompositeIndicator>
    <DoseDeliveryMethodText>Take</DoseDeliveryMethodText>
    <DoseDeliveryMethodCodeQualifier>1</DoseDeliveryMethodCodeQualifier>
    <DoseDeliveryMethodCode>419652001</DoseDeliveryMethodCode>
    <DoseQuantity>1</DoseQuantity>
    <DoseFormText>Tablet</DoseFormText>
    <DoseFormCodeQualifier>2</DoseFormCodeQualifier>
    <DoseFormCode>C42998</DoseFormCode>
  </Dose>
  <RouteofAdministration>
    <RouteofAdministrationText>oral route</RouteofAdministrationText>
    <RouteofAdministrationCodeQualifier>1</RouteofAdministrationCodeQualifier>
    <RouteofAdministrationCode>26643006</RouteofAdministrationCode>
  </RouteofAdministration>
  <Timing>
    <FrequencyNumericValue>3</FrequencyNumericValue>
    <FrequencyUnitsText>Day</FrequencyUnitsText>
    <FrequencyUnitsCodeQualifier>1</FrequencyUnitsCodeQualifier>
    <FrequencyUnitsCode>258703001</FrequencyUnitsCode>
  </Timing>
  <Indication>
    <IndicationPrecursorText>as needed for</IndicationPrecursorText>
    <IndicationPrecursorCodeQualifier>1</IndicationPrecursorCodeQualifier>
    <IndicationPrecursorCode>420449005</IndicationPrecursorCode>
    <IndicationText>headache</IndicationText>
    <IndicationTextCodeQualifier>1</IndicationTextCodeQualifier>
    <IndicationTextCode>25064002</IndicationTextCode>
    <IndicationValueUnitofMeasureCode>52101004</IndicationValueUnitofMeasureCode>
  </Indication>
</StructuredSIG>

```

Notes:

Element	Value	Note
<RouteofAdministrationCode>	26643006	Oral route versus by mouth
<Timing> elements		Elements contain data relaying for 3 times daily (three administrations per day). See FAQ “How do you express similar but distinct concepts?”
<Indication> elements		Elements contain data relaying as needed for headache (see section “<IndicationValueUnitOfMeasureCode>”).

9.9.19 TAKE 1 TABLET BY MOUTH EVERY 12 HOURS

```

<StructuredSIG>
  <RepeatingSIG>
    <SigSequencePositionNumber>0</SigSequencePositionNumber>
  </RepeatingSIG>
  <CodeSystem>
    <SNOMEDVersion>20130731</SNOMEDVersion>

```

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```
<FMTVersion>14.01d</FMTVersion>
</CodeSystem>
<FreeText>
  <SigFreeTextStringIndicator>2</SigFreeTextStringIndicator>
  <SigFreeText>Take 1 tablet by mouth every 12 hours</SigFreeText>
</FreeText>
<Dose>
  <DoseCompositeIndicator>1</DoseCompositeIndicator>
  <DoseDeliveryMethodText>Take</DoseDeliveryMethodText>
  <DoseDeliveryMethodCodeQualifier>1</DoseDeliveryMethodCodeQualifier>
  <DoseDeliveryMethodCode>419652001</DoseDeliveryMethodCode>
  <DoseQuantity>1</DoseQuantity>
  <DoseFormText>Tablet</DoseFormText>
  <DoseFormCodeQualifier>2</DoseFormCodeQualifier>
  <DoseFormCode>C42998</DoseFormCode>
</Dose>
<RouteofAdministration>
  <RouteofAdministrationText>oral route</RouteofAdministrationText>
  <RouteofAdministrationCodeQualifier>1</RouteofAdministrationCodeQualifier>
  <RouteofAdministrationCode>26643006</RouteofAdministrationCode>
</RouteofAdministration>
<Timing>
  <IntervalNumericValue>12</IntervalNumericValue>
  <IntervalUnitsText>hour</IntervalUnitsText>
  <IntervalUnitsCodeQualifier>1</IntervalUnitsCodeQualifier>
  <IntervalUnitsCode>258702006</IntervalUnitsCode>
</Timing>
</StructuredSIG>
```

Notes:

Element	Value	Note
<RouteofAdministrationCode>	26643006	Oral route versus by mouth
<Timing> elements		Elements contain data relaying a 12 hour interval

9.9.20 TAKE 1 TABLET BY MOUTH TWICE A DAY AS NEEDED FOR NAUSEA

```
<StructuredSIG>
  <RepeatingSIG>
    <SigSequencePositionNumber>0</SigSequencePositionNumber>
  </RepeatingSIG>
  <CodeSystem>
    <SNOMEDVersion>20130731</SNOMEDVersion>
    <FMTVersion>14.01d</FMTVersion>
  </CodeSystem>
  <FreeText>
    <SigFreeTextStringIndicator>2</SigFreeTextStringIndicator>
    <SigFreeText>Take 1 tablet by mouth twice a day as needed for nausea</SigFreeText>
  </FreeText>
  <Dose>
    <DoseCompositeIndicator>1</DoseCompositeIndicator>
    <DoseDeliveryMethodText>Take</DoseDeliveryMethodText>
    <DoseDeliveryMethodCodeQualifier>1</DoseDeliveryMethodCodeQualifier>
    <DoseDeliveryMethodCode>419652001</DoseDeliveryMethodCode>
    <DoseQuantity>1</DoseQuantity>
    <DoseFormText>Tablet</DoseFormText>
    <DoseFormCodeQualifier>2</DoseFormCodeQualifier>
    <DoseFormCode>C42998</DoseFormCode>
  </Dose>
  <RouteofAdministration>
    <RouteofAdministrationText>oral route</RouteofAdministrationText>
    <RouteofAdministrationCodeQualifier>1</RouteofAdministrationCodeQualifier>
```

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```
<RouteofAdministrationCode>26643006</RouteofAdministrationCode>
</RouteofAdministration>
<Timing>
  <FrequencyNumericValue>2</FrequencyNumericValue>
  <FrequencyUnitsText>Day</FrequencyUnitsText>
  <FrequencyUnitsCodeQualifier>1</FrequencyUnitsCodeQualifier>
  <FrequencyUnitsCode>258703001</FrequencyUnitsCode>
</Timing>
<Indication>
  <IndicationPrecursorText>as needed for</IndicationPrecursorText>
  <IndicationPrecursorCodeQualifier>1</IndicationPrecursorCodeQualifier>
  <IndicationPrecursorCode>420449005</IndicationPrecursorCode>
  <IndicationText>nausea</IndicationText>
  <IndicationTextCodeQualifier>1</IndicationTextCodeQualifier>
  <IndicationTextCode>422587007</IndicationTextCode>
  <IndicationValueUnitofMeasureCode>52101004</IndicationValueUnitofMeasureCode>
</Indication>
</StructuredSIG>
```

Notes:

Element	Value	Note
<RouteofAdministrationCode>	26643006	Oral route versus by mouth
<Timing> elements		Elements contain data relaying for 2 times daily (two administrations per day). See FAQ " How do you express similar but distinct concepts? "
<Indication> elements		Elements contain data relaying as needed for nausea (see section " IndicationValueUnitOfMeasureCode ").

9.9.21 TAKE 1 TABLET BY MOUTH PER DAY AS PER MEDICAL ENCOUNTER INSTRUCTIONS

```
<StructuredSIG>
  <RepeatingSIG>
    <SigSequencePositionNumber>0</SigSequencePositionNumber>
  </RepeatingSIG>
  <CodeSystem>
    <SNOMEDVersion>20130731</SNOMEDVersion>
    <FMTVersion>14.01d</FMTVersion>
  </CodeSystem>
  <FreeText>
    <SigFreeTextStringIndicator>2</SigFreeTextStringIndicator>
    <SigFreeText>Take 1 tablet by mouth daily as directed</SigFreeText>
  </FreeText>
  <Dose>
    <DoseCompositeIndicator>1</DoseCompositeIndicator>
    <DoseDeliveryMethodText>Take</DoseDeliveryMethodText>
    <DoseDeliveryMethodCodeQualifier>1</DoseDeliveryMethodCodeQualifier>
    <DoseDeliveryMethodCode>419652001</DoseDeliveryMethodCode>
    <DoseQuantity>1</DoseQuantity>
    <DoseFormText>Tablet</DoseFormText>
    <DoseFormCodeQualifier>2</DoseFormCodeQualifier>
    <DoseFormCode>C42998</DoseFormCode>
  </Dose>
  <RouteofAdministration>
    <RouteofAdministrationText>oral route</RouteofAdministrationText>
    <RouteofAdministrationCodeQualifier>1</RouteofAdministrationCodeQualifier>
    <RouteofAdministrationCode>26643006</RouteofAdministrationCode>
  </RouteofAdministration>
  <Timing>
    <AdministrationTimingText>Provider medication administration instructions</AdministrationTimingText>
    <AdministrationTimingCodeQualifier>1</AdministrationTimingCodeQualifier>
    <AdministrationTimingCode>422037009</AdministrationTimingCode>
  </Timing>
```

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</StructuredSIG>

Notes:

Element	Value	Note
<RouteofAdministrationCode>	26643006	Oral route versus by mouth
<Timing> elements		Elements contain data relaying take as directed – SNOMED CT Concept ID – 422037009 - Provider medication administration instructions.

9.9.22 TAKE 1 TABLET BY MOUTH AT BEDTIME AS NEEDED FOR SLEEP

<StructuredSIG>

<RepeatingSIG>

<SigSequencePositionNumber>0</SigSequencePositionNumber>

</RepeatingSIG>

<CodeSystem>

<SNOMEDVersion>20130731</SNOMEDVersion>

<FMTVersion>14.01d</FMTVersion>

</CodeSystem>

<FreeText>

<SigFreeTextStringIndicator>2</SigFreeTextStringIndicator>

<SigFreeText>Take 1 tablet by mouth at bedtime as needed for sleep</SigFreeText>

</FreeText>

<Dose>

<DoseCompositeIndicator>1</DoseCompositeIndicator>

<DoseDeliveryMethodText>Take</DoseDeliveryMethodText>

<DoseDeliveryMethodCodeQualifier>1</DoseDeliveryMethodCodeQualifier>

<DoseDeliveryMethodCode>419652001</DoseDeliveryMethodCode>

<DoseQuantity>1</DoseQuantity>

<DoseFormText>Tablet</DoseFormText>

<DoseFormCodeQualifier>2</DoseFormCodeQualifier>

<DoseFormCode>C42998</DoseFormCode>

</Dose>

<RouteofAdministration>

<RouteofAdministrationText>oral route</RouteofAdministrationText>

<RouteofAdministrationCodeQualifier>1</RouteofAdministrationCodeQualifier>

<RouteofAdministrationCode>26643006</RouteofAdministrationCode>

</RouteofAdministration>

<Timing>

<AdministrationTimingText>Bedtime</AdministrationTimingText>

<AdministrationTimingCodeQualifier>1</AdministrationTimingCodeQualifier>

<AdministrationTimingCode>21029003</AdministrationTimingCode>

<FrequencyNumericValue>1</FrequencyNumericValue>

<FrequencyUnitsText>Day</FrequencyUnitsText>

<FrequencyUnitsCodeQualifier>1</FrequencyUnitsCodeQualifier>

<FrequencyUnitsCode>258703001</FrequencyUnitsCode>

</Timing>

<Indication>

<IndicationPrecursorText>as needed for</IndicationPrecursorText>

<IndicationPrecursorCodeQualifier>1</IndicationPrecursorCodeQualifier>

<IndicationPrecursorCode>420449005</IndicationPrecursorCode>

<IndicationText>sleep</IndicationText>

<IndicationTextCodeQualifier>1</IndicationTextCodeQualifier>

<IndicationTextCode>258158006</IndicationTextCode>

<IndicationValueUnitofMeasureCode>52101004</IndicationValueUnitofMeasureCode>

</Indication>

</StructuredSIG>

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Element	Value	Note
<RouteofAdministrationCode>	26643006	Oral route versus by mouth
<Timing> elements		Elements contain data relaying for 1 time daily at bedtime (one administration per day). See FAQ “How do you express similar but distinct concepts?”
<Indication> elements		Elements contain data relaying as needed for sleep (see section “<IndicationValueUnitOfMeasureCode>”).

9.9.23 TAKE 1 TABLET BY MOUTH PER WEEK

```
<StructuredSIG>
  <RepeatingSIG>
    <SigSequencePositionNumber>0</SigSequencePositionNumber>
  </RepeatingSIG>
  <CodeSystem>
    <SNOMEDVersion>20120731</SNOMEDVersion>
    <FMTVersion>14.01d</FMTVersion>
  </CodeSystem>
  <FreeText>
    <SigFreeTextStringIndicator>2</SigFreeTextStringIndicator>
    <SigFreeText>Take 1 tablet by mouth weekly</SigFreeText>
  </FreeText>
  <Dose>
    <DoseCompositeIndicator>1</DoseCompositeIndicator>
    <DoseDeliveryMethodText>Take</DoseDeliveryMethodText>
    <DoseDeliveryMethodCodeQualifier>1</DoseDeliveryMethodCodeQualifier>
    <DoseDeliveryMethodCode>419652001</DoseDeliveryMethodCode>
    <DoseQuantity>1</DoseQuantity>
    <DoseFormText>Tablet</DoseFormText>
    <DoseFormCodeQualifier>2</DoseFormCodeQualifier>
    <DoseFormCode>C42998</DoseFormCode>
  </Dose>
  <RouteofAdministration>
    <RouteofAdministrationText>oral route</RouteofAdministrationText>
    <RouteofAdministrationCodeQualifier>1</RouteofAdministrationCodeQualifier>
    <RouteofAdministrationCode>26643006</RouteofAdministrationCode>
  </RouteofAdministration>
  <Timing>
    <FrequencyNumericValue>1</FrequencyNumericValue>
    <FrequencyUnitsText>week</FrequencyUnitsText>
    <FrequencyUnitsCodeQualifier>1</FrequencyUnitsCodeQualifier>
    <FrequencyUnitsCode>258705008</FrequencyUnitsCode>
  </Timing>
</StructuredSIG>
```

Notes:

Element	Value	Note
<RouteofAdministrationCode>	26643006	Oral route versus by mouth
<Timing> elements		Elements contain data relaying for 1 time weekly (one administration per week). See FAQ “How do you express similar but distinct concepts?”

9.9.24 TAKE ½ TABLET BY MOUTH DAILY

```
<StructuredSIG>
  <RepeatingSIG>
    <SigSequencePositionNumber>0</SigSequencePositionNumber>
  </RepeatingSIG>
  <CodeSystem>
    <SNOMEDVersion>20130731</SNOMEDVersion>
    <FMTVersion>14.01d</FMTVersion>
  </CodeSystem>
```

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```
<FreeText>
  <SigFreeTextStringIndicator>2</SigFreeTextStringIndicator>
  <SigFreeText>Take 1/2 tablet by mouth daily</SigFreeText>
</FreeText>
<Dose>
  <DoseCompositeIndicator>1</DoseCompositeIndicator>
  <DoseDeliveryMethodText>Take</DoseDeliveryMethodText>
  <DoseDeliveryMethodCodeQualifier>1</DoseDeliveryMethodCodeQualifier>
  <DoseDeliveryMethodCode>419652001</DoseDeliveryMethodCode>
  <DoseQuantity>0.5</DoseQuantity>
  <DoseFormText>Tablet</DoseFormText>
  <DoseFormCodeQualifier>2</DoseFormCodeQualifier>
  <DoseFormCode>C42998</DoseFormCode>
</Dose>
<RouteofAdministration>
  <RouteofAdministrationText>oral route</RouteofAdministrationText>
  <RouteofAdministrationCodeQualifier>1</RouteofAdministrationCodeQualifier>
  <RouteofAdministrationCode>26643006</RouteofAdministrationCode>
</RouteofAdministration>
<Timing>
  <FrequencyNumericValue>1</FrequencyNumericValue>
  <FrequencyUnitsText>Day</FrequencyUnitsText>
  <FrequencyUnitsCodeQualifier>1</FrequencyUnitsCodeQualifier>
  <FrequencyUnitsCode>258703001</FrequencyUnitsCode>
</Timing>
</StructuredSIG>
```

Notes:

Element	Value	Note
<RouteofAdministrationCode>	26643006	Oral route versus by mouth
<Timing> elements		Elements contain data relaying for 1 time daily (one administration per day). See FAQ " How do you express similar but distinct concepts? "

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10. ELECTRONIC PRIOR AUTHORIZATION (ePA) GUIDANCE

Information on the ePA overview and process is available at <http://www.ncdpd.org/Resources/ePrescribing> under NCPDP Resources and at <http://www.ncdpd.org/Resources/Hot-Topics>

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.

10.1 CLOSED IN PA INITIATION RESPONSE

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?

Answer: 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.

10.2 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?

Answer: 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

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needed by the payer to process the PA request transaction and return a PA response transaction.

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11. EDITORIAL MODIFICATIONS

11.1 XML MODIFICATIONS

11.1.1 DATE ISSUED (WRITTEN DATE) ANNOTATION

In the SCRIPT Imp Guide, in Date/Time/Period (DRU 040-1006-02-2380), the rule is stated “For all transactions - At least one loop must contain 85 = Date Issued (Written Date).” In SCRIPT XML, this note should have been on the Medication Prescribed not on the Medication Requested for RxChangeRequest. Other transactions were reviewed and clarified as well. This error has been corrected in SCRIPT XML 10.11.

11.1.2 ADVERSEEVENT

Under Census->Allergy AdverseEvent is marked as mandatory. This should be optional because if No Known Allergies is set to Yes, then this is the only tag that is sent. This error has been corrected in SCRIPT XML 10.6 and then in 10.11 and above.

11.1.3 DIAGNOSIS PRIMARY

An error was noted into the XML for SCRIPT 10.6 and previous for the values of this element. Previous XML versions supported all four values for ICD, two of which were duplicative.

The 10.6 list has

E|F|M|ABF|DX|ICD9|ICD10

which means

ICD9 and ICD10 were duplicative of DX and ABF.

The correct values are the DX and the ABF, since the list came from X12. The correction was made to the ECL in May 2004, and is in SCRIPT Imp Guide version 5.0. The XML wasn't corrected. DX and ABF are the correct values.

“DX=“International Classification of Diseases-9- Clinical Modifications-Diagnosis (ICD-9-CM-Diagnosis)”

“ABF= International Classification of Diseases-10- Clinical Modifications (ICD-10-CM)”

This was corrected in SCRIPT 2010121 XML release.

11.1.4 PACODEDREFERENCECODE

The correct value is ABF, but was inadvertently listed as ABX. It is listed in the External Code List under CodedReferenceQualifier. This has been corrected in 2013101 and above.

11.1.5 SIGSEQUENCEPOSITIONNUMBER

SigSequencePositionNumber was defined as n..2 and it should be n..2M. This has been corrected in the 201106 SCRIPT 10.6 schema and the SCRIPT 2010123 and above schemas.

11.1.6 POTENCYUNITCODE OR QUANTITYUNITOFMEASURE

PotencyUnitCode was defined as an..15 and it should be an..15M. This has been corrected in the 201106 SCRIPT 10.6 schema. The element is QuantityUnitOfMeasure in the SCRIPT 2011 schema and has been corrected in the SCRIPT 2010123 and above schemas to not allow an empty tag to be sent.

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11.1.7 SOLDDATE

SoldDate was inadvertently listed in the Resupply transaction. It was missing in the RefillRequest. This has been corrected in the 201106 SCRIPT 10.6 schema and the and the SCRIPT 2010123 and above schemas. In the SCRIPT 2010123 and above schemas, SoldDate was inadvertently listed in the RefillResponse. This has been corrected.

11.1.1 RESPONSIBLEPARTY

A typographical error was found in the element <ResponsibleParty> it was listed as <ResponsibileParty>. This was been corrected in 201109 SCRIPT 10.6 schema and in the model-driven schemas of 201012 and above.

11.1.2 SOURCEQUALIFIER

A typographical error was found in the element <SourceQualifier> it was listed as <SourceQualifer>. This was been corrected in 201109 SCRIPT 10.6 schema and in the model-driven schemas of 201012 and above.

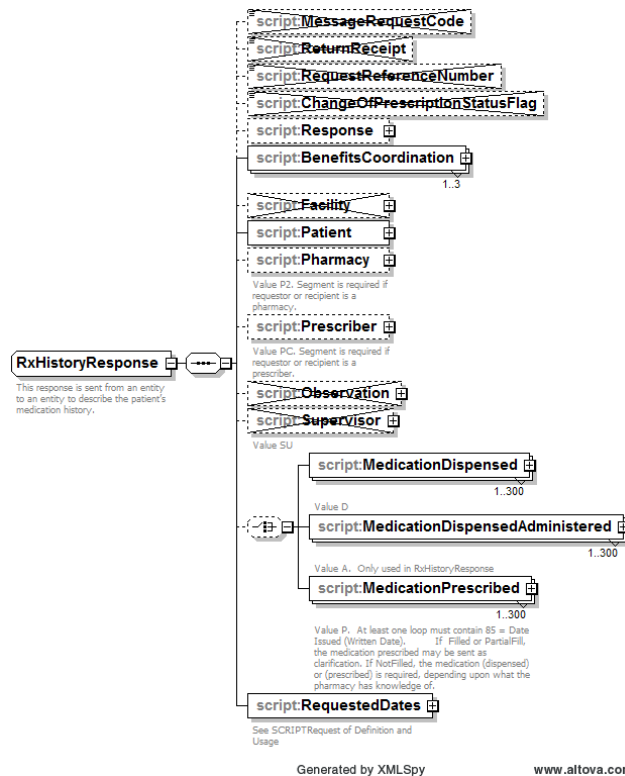
11.1.3 RXHISTORYREQUEST AND RESPONSE - <PRESCRIBER> AND <PHARMACY>

An error was found in the RxHistoryRequest and Response transactions. The <Prescriber> and <Pharmacy> elements were, per the imp guide, optional. This has been corrected in schemas for versions SCRIPT 10.6 and above 201203.

11.1.4 RXHISTORYRESPONSE <MEDICATION> CHOICE

A typographical error was found and corrected in the RxHistoryResponse structure. The choice for <MedicationDispensed>, <MedicationDispensedAdministered>, <MedicationPrescribed> should be optional. The diagram in section “*RxHistoryResponse Transaction*” in the SCRIPT Implementation Guide and the schema have been updated in SCRIPT version 2013101 updated May 2014 and in versions above. This is effective for all versions of the schema. The choice is optional. The corrected diagram is shown below.

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11.1.5 <PATIENT> FIELDS ORDER

An error was found in the <Patient> order of fields in SCRIPT version 10.6 in some of the transactions. The correct order is <PatientRelationship> <Identification> <Name> <Gender> <DateOfBirth> <Address> <CommunicationNumbers> <PatientLocation>. The October 2012 publication of the SCRIPT version 10.6 schema has been corrected.

11.1.6 <PASSWORDREQUESTTYPE> AS A CHOICE

An error was found from the original schemas from the industry that NCPDP incorporated into the standard. In the PasswordChange transaction, the <PasswordRequestType> was a choice. It should have been a sequence, in sync with the EDI format (in a Password Change transaction the old and new passwords are submitted). This transaction has limited use and was not caught originally. The December 2012 SCRIPT 10.6 xsd was corrected. The 2010+ model driven schemas were already correct.

```
<xs:complexType name="PasswordRequestType">
  <xs:choice>
    <xs:element name="OldPassword"/>
    <xs:element name="NewPassword"/>
  </xs:choice>
</xs:complexType>
```

was changed to the sequence:

```
<xsd:complexType name="PasswordRequestType">
  <xsd:sequence>
    <xsd:element name="OldPassword" type="datatypes:an"/>
    <xsd:element name="NewPassword" type="datatypes:an"/>
  </xsd:sequence>
</xsd:complexType>
```

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11.1.7 <APPROVEDWITHCHANGESTYPE>

An error was found in the SCRIPT 8.1 through 10.9 schemas where this type included the element <DenialReasonCode>. It should have been <ReasonCode>. While the tag appears incorrect (a denial in an approved situation), the code sets for both are the same. This was corrected in SCRIPT 10.10 and above.

11.1.8 <ADDRESSTYPEQUALIFIER>

A typographical error was found in the annotation of this element. Value P is for Pharmacy, not Prescriber. It has been corrected in version 2013 and above, but should be noted for any version with the typo.

```
<xsd:simpleType name="AddressTypeQualifier">
  <xsd:restriction base="ecl:Code">
    <xsd:enumeration value="P">
      <xsd:annotation>
        <xsd:documentation>Prescriber</xsd:documentation>
      </xsd:annotation>
    </xsd:enumeration>
    <xsd:enumeration value="C">
      <xsd:annotation>
        <xsd:documentation>Clinic</xsd:documentation>
      </xsd:annotation>
    </xsd:enumeration>
    <xsd:enumeration value="M">
      <xsd:annotation>
        <xsd:documentation>Mailbox</xsd:documentation>
      </xsd:annotation>
    </xsd:enumeration>
    <xsd:enumeration value="D">
      <xsd:annotation>
        <xsd:documentation>Prescriber</xsd:documentation>
      </xsd:annotation>
    </xsd:enumeration>
    <xsd:enumeration value="ZZZ">
      <xsd:annotation>
        <xsd:documentation>Mutually Defined</xsd:documentation>
      </xsd:annotation>
    </xsd:enumeration>
  </xsd:restriction>
</xsd:simpleType>
```

11.1.9 <SUBSTITUTIONS>

In Version 2012011, it is noted that in the External Code List, Substitutions was limited to only values of 0 and 1 allowed for SCRIPT Standard for these classes:

- NewRxPrescribedMedication
- HistoryPrescribedMedication
- PrescribedMedication
- ResupplyMedication

This was incorrect. Substitutions were meant to be limited to values of 0 and 1 in all SCRIPT transactions. This has been corrected.

11.1.10 STATUS, ERROR, AND VERIFY ANNOTATION CLARIFICATIONS

The annotations in the Status, Error, and Verify transactions for <Code> and <Description> were clarified; the intent was not changed. An example was removed in the Verify guidance in the annotation for Status or Error. These are applicable to all versions of SCRIPT but will be published in the XML files above 201307.

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11.1.11 <RELATESTOMESSAGEID> IN ELECTRONIC PRIOR AUTHORIZATION EXAMPLES

A correction was made to section “Trace Number Usage”, subsection “Example 15” and “Example 16” in the <RelatesToMessageID> in the XML Standard above version 2014041. This is applicable to all previous versions with these examples.

Example 15:

	PAInitiationRequest from Prescriber	PAInitiationResponse from Processor	PARequest from Prescriber	PAResponse from Processor	PACancelRequest from Prescriber	PACancelResponse from Processor
Field Name	Value					
<MessageID>	123	ABC	456	DEF	012	JKL
<RelatesToMessageID>		123	123 ABC	456	456 DEF	012
<PAReferenceNumber>	XYZ	XYZ	XYZ	XYZ	XYZ	XYZ
<PACaseID>		999	999	999	999	999
	Status from Processor	Status from Prescriber	Status from Processor	Status from Prescriber	Status from Processor	Status from Prescriber
<MessageID>	111	222	333	444	777	888
<RelatesToMessageID>	123	ABC	456	DEF	012	JKL

Example 16:

	PAInitiationRequest from Prescriber	PAInitiationResponse from Processor	PARequest from Prescriber	PAResponse from Processor	PAAppealRequest from Prescriber	PAAppealResponse from Processor
Field Name	Value					
<MessageID>	123	ABC	456	DEF	789	GHI
<RelatesToMessageID>		123	123 ABC	456	456 DEF	789
<PAReferenceNumber>	XYZ	XYZ	XYZ	XYZ	XYZ	XYZ
<PACaseID>		999	999	999	999	999
	Status from Processor	Status from Prescriber	Status from Processor	Status from Prescriber	Status from Processor	Status from Prescriber
<MessageID>	111	222	333	444	555	666
<RelatesToMessageID>	123	ABC	456	DEF	789	GHI

11.1.12 <ITEMNUMBER> IN <COMPOUNDINGREDIENT>

An error was corrected in the xml schema. It affects version 201310 and above. Because the industry is actively implementing version 201310₁ for ePA transactions, a new version was created of 201310₂ with the modification so that the change was noted. In version 201404 and above the xml schema was republished since these versions were not in use. <ItemNumber> inadvertently dropped the subelements of <Code> and <Qualifier> in these versions. It has been corrected.

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11.2 EXTERNAL CODE LIST CLARIFICATIONS

11.2.1 INTERNATIONAL UNITE

In previous versions of the External Code List (ECL), the DRU- 020-01 Units of Measure field used a list from ASC X12 stating that value F2 was “International Unite”. ASC X12 modified the typo in a future version to “International Unit”. More recent versions of the ECL have already sunsetted the field. This entry is just to acknowledge that the value corrected is “International Unit”.

Units of Measure

Please use time qualifiers, units of measure and strength units where appropriate.

Code	Definition
BG	Bag
BO	Bottle
BX	Box
AV	Capsule
CQ	Cartridge
CH	Container
X4	Drop
GR	Gram
IH	Inhaler
F2	International Unite should be International Unit

11.2.2 PACODEDREFERENCECODE

The correct value is ABF, but was inadvertently listed as ABX. It is listed in the External Code List under CodedReferenceQualifier. This has been corrected in 2013101 and above.

11.1 IMPLEMENTATION GUIDE CLARIFICATIONS

11.1.1 CLARIFICATION OF NUMERIC REPRESENTATION

The section “Numeric Representation” in the SCRIPT Implementation Guide (version 10.11 and below) or in the XML Standard (2010121 and above) has clarified the Example. For other versions, this document provides the clarification.

From

Example. Consider the following possible values for a 5 digit field.

To

Example. Consider the following possible formats for a 5 digit numeric field.

Numeric Representation

A period is used to denote the decimal point. The decimal point must be counted when computing the maximum length of a data element. The decimal point should only be used when there are significant digits to the right of the decimal. It should not be used with whole numbers. If the decimal point is necessary, there must be at least one digit before and after the decimal point (i.e., 0.5).

Example. Consider the following possible formats for a 5 digit numeric field.

Recommended: 1.2345, 123.45, 12345, 0.1234, 1.2, 1234.5

Not Recommended: .123, 12345., 1.00

11.1.2 TIME FORMAT

EDIFACT uses HHMMSS,S, where “,S” is milliseconds. Example 101522,6.

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11.1.3 SOURCE QUALIFIER (Ø1Ø-SØ21-Ø1-7895) VALUE

From the SCRIPT Imp Guide - Ø2Ø-1154 - Prescription Number associated to medication history record.

If Source Qualifier (Ø1Ø-SØ21-Ø1-7895) value is “P2” (Pharmacy), if sent, this field must contain the pharmacy’s prescription number.

Question:

Does this statement mean that if P2 is sent, then the field must contain prescription number?

OR

Does it mean that you never *need* to send this field, but if you choose to send it and source is “P2”, then it must be populated with the pharmacy prescription number?

If Source Qualifier (Ø1Ø-SØ21-Ø1-7895) value is “PC” (Prescriber), this field is not sent. The Prescriber Order Number is found in DRU-Ø8Ø-IØØ1-Ø1-1154 Reference Number.

If Source Qualifier (Ø1Ø-SØ21-Ø1-7895) value is “PY” (Payer), if sent, this field must contain the pharmacy’s prescription number from the payer system from claims processing.

Same questions as above but related to PY.

Response:

“if the submitter chooses to send this field and source qualifier is “P2”, then it must be populated with the pharmacy prescription number. Otherwise, the field is not sent.” (This also applies to the Fill Number from the pharmacy.)

If the source is the prescriber, this field is not sent.

If the source is the payer, this field contains the pharmacy’s prescription number from the payer system from claims processing. (This also applies to the Fill Number from the pharmacy.)

11.1.4 COO SEGMENT

Question:

What is the correct order for the EDIFACT COO Segment? Some tables it after the OBS Observation Segment; others show it after the PTT Segment and before the DRU Segment. Examples show it before the DRU Drug Segment.

Response:

The EDIFACT syntax doesn’t appear to care inside the headers. The table in section “*Structure Quick Reference*” is the best resource. For testing NIST will adjust for the COO Segment after the OBS Segment.

11.1.4.1 CLARIFICATION OF CARDHOLDER ID (COO- Ø4-IØØ1-Ø1-1154) DESIGNATION

Question:

Cardholder ID has the designation of CM but is it part of a composite?

Response:

Yes it is part of a composite. See section “*Transmission from Sender to Receiver Structure*” in the SCRIPT Imp Guide. The chart in section “*Specific Segment Discussion*” just does not show the not used field.

Ø4Ø	IØØ1	Reference Number	C	1
	Ø1	1154 Reference Number	M	an..35
	Ø2	1153 Reference Qualifier	C	an..3

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COO COORDINATION OF BENEFITS SEGMENT									
Field Number	Field Name	Remarks	STANDARD FORMAT	NEWRX	REFREQ or RESUPP	RXCHG	RXHREQ	RXHRES	CENSUS
Ø4-ØØ1-Ø1-1154	Reference Number	Cardholder ID	CM	CM	CM	CM	CM	CM	CM

11.1.5 CLARIFICATION OF UIT FIELDS

UIT INTERACTIVE MESSAGE TRAILER				
Field Number	Field Name	Remarks	STANDARD FORMAT	ALL TRANSACTIONS
ØØØ-SØ19-Ø1-ØØ13	Segment code	Value: UIT	M	M
Ø1Ø-ØØ62	Message Reference Number	Must be the same value as in UIH ØØ62. This field is Mandatory.	C	C
Ø2Ø-ØØ74	Number of Segments in Message	Mandatory field. This is the count of the number of segments in the message including the UIH and UIT.	C	C

Clarification: For all versions of SCRIPT that contain the EDIFACT syntax

- Ø1Ø-ØØ62 Message Reference Number is conditionally required (it must be mirrored based on the UIH ØØ62 field).
- Ø2Ø-ØØ74 Number of Segments in Message is Mandatory. All Transactions column should be M.

11.1.6 CoAGENTIDQUALIFIER

In section “*DrugUseEvaluation Element*”, example subsections, there was a typographical error in the <CoAgentIDQualifier>. Value ND has been corrected to 03 or 38, 39, 40, or 41, DX has been corrected to 20 or 21. This has been corrected in SCRIPT 2013 and above.

11.1.7 <SUBSTITUTIONS>

See section “[“<Substitutions>”](#) for an important modification.

11.1.8 MULTIPLE REPETITIONS OF THE DRU SEGMENT

In SCRIPT Implementation Guides prior to 2010, this section contained the statement

The values of “P”, “D” **may only occur once**, according to appropriate need in a transaction. A transaction may contain a loop of “P” and “D” for example, in the Prescription Change Request, where the prescriber prescribed x and the pharmacy filled y. But a transaction may not contain multiple “P” or “D”.

The Prescription Change Request does not contain the “P” and “D” DRU Segments. This should have stated

...for example, in the Refill Request, where the prescriber prescribed x and the pharmacy filled y. But a transaction may not contain multiple “P” or “D”.

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11.1.9 TRANSMISSION EXAMPLES

11.1.9.1 DRUG DOSAGE FORM

A typographical error was found in the examples for the NCPDP Drug Dosage Form for “Aerosol, Metered”. The code was C42970. It has been corrected to C42960. This was corrected in SCRIPT Implementation Guides above 2013071.

11.1.9.2 EXAMPLE 6 REFILL

In the SCRIPT Implementation Guide “*Example 6. Pharmacy Requesting A Refill Authorization For 4 Additional Dispensings From A Prescriber And Prescriber Responding*” was corrected in version 2014 and above. It should have been <ApprovedWithChanges> since <PharmacyRequestedRefills> was sent in the RefillRequest. This change applies to version 2010121 and above.

11.1.10 LOWER AND UPPER BOUND COMPARISON OPERATORS

<LowerBoundComparisonOperator> and <UpperBoundComparisonOperator> explanation contained a typographical error. “LT” (less than or equal to) should be “LE” in section “*Key Question Set Elements*”. This was corrected in SCRIPT 2014+ but is effective for all applicable versions.

11.1.11 <ADDITIONALFREETEXTINDICATOR>

In the SCRIPT Implementation Guide, a typo was corrected that <AdditionalFreeTextIndicator>, the three values are M, O, and NA. This was corrected in SCRIPT 2013101 but is effective for all applicable versions.

11.1.12 EXAMPLE 33. PRIOR AUTHORIZATION DENIAL AND APPEAL CORRECTION

In section “*Example 33. Prior Authorization Denial and Appeal*” the XML example for the PAAppealResponse incorrectly used a PAResponse. The XML example has been corrected. The Notes table below was already correct. This was corrected in SCRIPT 2014+. The corrected XML appears below.

```
<?xml version="1.0" encoding="UTF-8"?>
<!--Sample XML file generated by XMLSpy v2010 (http://www.altova.com)-->
<transport:Message StructuresVersion="String" ECLVersion="String" DatatypesVersion="String" TransactionDomain="SCRIPT" PA-
StructuresVersion="String" TransactionVersion="String" TransportVersion="String" xsi:schemaLocation="http://www.ncdp.org/schema/transport
transport.xsd" xmlns:transport="http://www.ncdp.org/schema/transport" xmlns:datatypes="http://www.ncdp.org/schema/datatypes"
xmlns:script="http://www.ncdp.org/schema/script" xmlns:structures="http://www.ncdp.org/schema/structures" xmlns:pa-
structures="http://www.ncdp.org/schema/pa-structures" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance">
  <transport:Header>
    <transport:To Qualifier="C">7777777</transport:To>
    <transport:From Qualifier="ZZZ">PAYER123</transport:From>
    <transport:MessageID>8892</transport:MessageID>
    <transport:RelatesToMessageID>1234571</transport:RelatesToMessageID>
    <transport:SentTime>2013-10-01T13:20:22</transport:SentTime>
    <transport:Security>
      <transport:UsernameToken>
        <transport:Password Type="PasswordDigest">String</transport:Password>
        <transport:Created>2001-12-17T09:30:47Z</transport:Created>
      </transport:UsernameToken>
    </transport:Security>
    <transport:Sender>
      <transport:SecondaryIdentification>PASSWORDA</transport:SecondaryIdentification>
    </transport:Sender>
    </transport:Security>
    <transport:SenderSoftware>
      <transport:SenderSoftwareDeveloper>MD80SYSTEM</transport:SenderSoftwareDeveloper>
      <transport:SenderSoftwareProduct>80</transport:SenderSoftwareProduct>
      <transport:SenderSoftwareVersionRelease>15.2</transport:SenderSoftwareVersionRelease>
    </transport:SenderSoftware>
  </transport:Header>
  <transport:Body>
    <transport:PAAppealResponse>
      <script:PAResponseID>99QQQ</script:PAResponseID>
      <script:BenefitsCoordination>
        <structures:PBMMemberID>333445555</structures:PBMMemberID>
      </script:BenefitsCoordination>
      <script:Patient>
        <structures:Identification>
```

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```
<datatypes:SocialSecurity>333445555</datatypes:SocialSecurity>
</structures:Identification>
<structures:Name>
  <datatypes:LastName>SMITH</datatypes:LastName>
  <datatypes:FirstName>MARY</datatypes:FirstName>
</structures:Name>
<structures:Gender>F</structures:Gender>
<structures:DateOfBirth>
  <datatypes:Date>1954-12-25</datatypes:Date>
</structures:DateOfBirth>
<structures:Address>
  <datatypes:AddressLine1>45 EAST ROAD SW</datatypes:AddressLine1>
  <datatypes:City>CLANCY</datatypes:City>
  <datatypes:StateProvince>WI</datatypes:StateProvince>
  <datatypes:PostalCode>54999</datatypes:PostalCode>
  <datatypes:CountryCode>US</datatypes:CountryCode>
</structures:Address>
</script:Patient>
<script:Pharmacy>
  <structures:Identification>
    <datatypes:NCPDPID>7701630</datatypes:NCPDPID>
    <datatypes:NPI>78787878</datatypes:NPI>
  </structures:Identification>
  <structures:BusinessName>MAIN STREET PHARMACY</structures:BusinessName>
  <structures:CommunicationNumbers>
    <datatypes:PrimaryTelephone>
      <datatypes:Number>6152205656</datatypes:Number>
    </datatypes:PrimaryTelephone>
  </structures:CommunicationNumbers>
</script:Pharmacy>
<script:Prescriber>
  <structures:Identification>
    <datatypes:NPI>666666666</datatypes:NPI>
  </structures:Identification>
  <structures:Name>
    <datatypes:LastName>JONES</datatypes:LastName>
    <datatypes:FirstName>MARK</datatypes:FirstName>
  </structures:Name>
  <structures:Address>
    <datatypes:AddressLine1>211 CENTRAL ROAD</datatypes:AddressLine1>
    <datatypes:City>JONESVILLE</datatypes:City>
    <datatypes:StateProvince>TN</datatypes:StateProvince>
    <datatypes:PostalCode>37777</datatypes:PostalCode>
    <datatypes:CountryCode>US</datatypes:CountryCode>
  </structures:Address>
  <structures:CommunicationNumbers>
    <datatypes:PrimaryTelephone>
      <datatypes:Number>6152219800</datatypes:Number>
    </datatypes:PrimaryTelephone>
  </structures:CommunicationNumbers>
</script:Prescriber>
<script:MedicationPrescribed>
  <structures:DrugDescription>SYMBICORT 80/4.5 METERED DOSE INHALER, 60 ACTUAT</structures:DrugDescription>
  <structures:DrugCoded>
    <datatypes:Strength>
      <datatypes:StrengthValue>4.5</datatypes:StrengthValue>
      <datatypes:StrengthForm>
        <datatypes:Code>C91148</datatypes:Code>
      </datatypes:StrengthForm>
      <datatypes:StrengthUnitOfMeasure>
        <datatypes:Code>C48152</datatypes:Code>
      </datatypes:StrengthUnitOfMeasure>
    </datatypes:Strength>
  </structures:DrugCoded>
  <structures:Quantity>
    <datatypes:Value>2</datatypes:Value>
    <datatypes:CodeListQualifier>38</datatypes:CodeListQualifier>
    <datatypes:QuantityUnitOfMeasure>
      <datatypes:Code>C62275</datatypes:Code>
    </datatypes:QuantityUnitOfMeasure>
  </structures:Quantity>
```

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```
<structures:DaysSupply>30</structures:DaysSupply>
<structures:Sig>
  <structures:SigText>TWO INHALATIONS TWICE DAILY</structures:SigText> </structures:Sig>
</script:MedicationPrescribed>
<script:Response>
  <pa-structures:ResponseStatus>
    <pa-structures:Approved>
      <pa-structures:PACaseID>A102</pa-structures:PACaseID>
      <pa-structures:AuthorizationDetail>
        <pa-structures:Quantity>
          <datatypes:Value>2</datatypes:Value>
          <datatypes:CodeListQualifier>38</datatypes:CodeListQualifier>
          <datatypes:QuantityUnitOfMeasure>
            <datatypes:Code>C62275</datatypes:Code>
          </datatypes:QuantityUnitOfMeasure>
        </pa-structures:Quantity>
        <pa-structures:NumberOfRefills>11</pa-structures:NumberOfRefills>
        <pa-structures:PA>Note>Prior authorization is granted for the medication as prescribed,
for one year's supply.</pa-structures:PA>Note>
      </pa-structures:AuthorizationDetail>
      <pa-structures:Appeal>
        <pa-structures:IsEAppealSupported>Y</pa-structures:IsEAppealSupported>
      </pa-structures:Appeal>
      <pa-structures:AppealCaseID>122345</pa-structures:AppealCaseID>
    </pa-structures:Approved>
  </pa-structures:ResponseStatus>
</script:Response>
</transport:PAAppealResponse>
</transport:Body>
</transport:Message>
```

11.1.13 <RELATESTOMESSAGEID> IN ELECTRONIC PRIOR AUTHORIZATION EXAMPLES

A correction was made to the following Prior Authorization Examples in the <RelatesToMessageID> in the SCRIPT Implementation Guide above version 2014041. This is applicable to all previous versions with these examples.

“Example 32. Prior Authorization Initiation, Request and Approval”

PARequest (from Prescriber)

The trace number <MessageID> assigned by the prescribing system when they sent the PAInitiationRequest was 1234567X53.

RelatesToMessageID 1234567X53 Prescriber trace number is used to link the original transaction (PAInitiationRequestResponse) (MessageID) to this subsequent transaction.

“Example 33. Prior Authorization Denial and Appeal”

PARequest (from Prescriber)

RelatesToMessageID 1234567X53 Message ID from the PAInitiationRequestResponse.

PAAppealRequest (from Prescriber)

RelatesToMessageID 12345698890 Message ID from the PARequestResponse.

“Example 34. Prior Authorization with Coded Reference”

PARequest (from Prescriber)

RelatesToMessageID 1234567X53 Message ID from the PAInitiationRequestResponse.

“Example 35. PA Process Cancellation”

PACancelRequest (from Prescriber)

RelatesToMessageID 1234567X53 MessageID of PAInitiationRequestResponse.

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11.1.14 <DigestValue> CORRECTION

In section "Digital Signature Elements" of the SCRIPT Implementation Guide, <DigestValue> size was stated as 30 but it is 35. It has been corrected in versions after 2014041 but is applicable to all versions containing digital signature information.

11.2 XML STANDARD MODIFICATIONS

An error was corrected in section "[Representation](#)". This has been corrected in the version 2013 and above publication, but is effective for all. In this table

In addition, the following representations are found in the schema:

Representation	Explanation
xsd:boolean	the type of an expression with two possible values, "true" and "false".
BooleanCode	NCPDP-defined backwards compatible type of expression with two possible values, "T" and "F". – Should be "Y" and "N".
DateTime	Format = CCYY-MM-DD THH:MM:SS
Date - Format	Format = CCYY-MM-DD

11.2.1 STATUS IN RESPONSE TO ERROR

The XML Standard clarified that the Status transaction can be used as a response to an Error. This was added in version 2013 and above, but is effective for all.

12. SPECIFIC TRANSACTION DISCUSSION

12.1 CANCELRx

12.1.1 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 the CancelRx from the prescriber is appropriate.

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

If the original prescription was electronic, the CancelRx must contain the RelatesToMessageID if available. The CancelRx should contain the RxNorm in the <DrugCoded>. If the prescription number is available, it should be sent.

If the original prescription was not electronic, the CancelRx must contain pertinent information for the pharmacy to be able to find the prescription in their system (patient, medication (name, strength, dosage form), prescriber). If the pharmacy cannot definitively determine the prescription to be canceled, manual processes will occur to verify the cancellation. If the prescription number is available, it should be sent.

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12.1.2 CANCELRX AND CANCELRXRESPONSE RECOMMENDATIONS

- Prescribers should not send a CancelRequest for a prescription that is expired based on federal or state regulations.
 - There should be programmatic checks in place to allow a CancelRequest up to the expiration date of the prescription based off of the written date of the prescription.
 - For example, the DEA requires Controlled Substance Rx to be filled within 6 months from the date written, and most states limit the filling of non-controlled Rx's to 1 year from the date written.
- Pharmacy should provide clear denial reasons on CancelRxResponse denial responses.
- Note DenialReasonCode is optional in SCRIPT 10.6 CancelRxResponse.
- Any modifications to the Description of the <DenialReasonCode> could be requested for a future version of SCRIPT.

Allowable in CancelRxResponse in SCRIPT 10.6:

Note the Description of <DenialReasonCode> is the description of the value defined in the NCPDP External Code List. If the <DenialReasonCode> is sent, the <DenialReason> should not contain the echoing of this description as it adds no information.

Scenario	Scenario Description	<DenialReasonCode> Value	External Code List Value Description	<DenialReason> textual intent recommendation for display to prescriber user
Denied	Patient is unknown or cannot be determined by the pharmacy.	AA	Patient unknown to the provider	Patient is unknown to the pharmacy.
Denied	Patient is found, but no prescription is found that matches the drug on the cancel request.	AE	Medication never prescribed for the patient	Unable to Cancel Rx. Prescription not found at pharmacy.
Denied	Prescription was transferred to another pharmacy.	AC	Patient no longer under provider care.	Unable to Cancel Rx. Rx transferred. Include available pharmacy contact information.
Denied	Prescription was already responded to by a non-electronic workflow.	AP	Request already responded to by other means (e.g. Phone or Fax)	N/A – <DenialReasonCode> Description provides enough clarity.
Denied	All other denials	N/A (Send free text reasoning)	N/A	Unable to Cancel Rx. Please contact Pharmacy.

- Prescribers should include the most recent “relates to message ID” and most recent prescriber order number (where possible) on Cancel Requests where the original NewRx was electronic, so the pharmacy is able to more easily identify the original NewRx being cancelled.
 - See the NCPDP XML Standard for guidance on using the <RelatesToMessageID>.
- Pharmacy should respond to all Cancel Requests within 48 hours. Pharmacies should not delete a Cancel Request message from a processing queue without a response being generated to the requestor.

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- Pharmacy edits should be put in place to not allow a medication to be provided to the patient if a Cancel Response has not been sent.
- As with all appropriate messages, the pharmacy should respond with a Status or Verify message containing code 010 as soon as they receive a Cancel Request.
- The pharmacy should always include a <Note> in an “A” (Approval) Cancel Response message when responding to a Cancel Request message if the patient has ever received a fill of the medication and the pharmacy is cancelling the remaining refills on the prescription.
- The prescriber should notify the patient or caregiver to inform them of the cancellation of a prescription.
 - The Cancel Request was not intended to relieve the prescriber of the responsibility of notifying the patient or caregiver to advise of the drug therapy change – it is only intended as a backup to prevent inadvertent drug therapy continuation or resumption at a later date.
- If the prescriber received a denial code indicating the prescription was referred to a different pharmacy, the prescriber could be given the option to route the Cancel Request message to the new pharmacy.

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12.2 REFILL REQUEST

12.2.1 LAST FILL DATE ON A REFILL REQUEST

Question:

The issue is in regards to requiring the last fill date on a Refill Request. It seems there are cases where the Refill Request is sent but the prescription was never filled. An example:

The prescription is sent to a pharmacy and filed in the patient's prescription record because it wasn't needed at the time (e.g., an allergy medication). There would not be a last fill date because it was only filed. A year later the patient might come in and say that they needed the prescription at that time. The pharmacy might then pull up that record and learn that it was more than a year old and thus needed to be renewed. It would then be appropriate to send a Refill Request, but this Refill Request would not contain the last fill date. Regardless of the type of positive response that the prescriber might send, the pharmacy should treat said response as a new prescription because the original had expired (sending a Refill Request is correct in this case).

Response:

At this point, NCPDP WG11 suggests handling this with a phone call because they do not believe this happens very often. In the future the pharmacy could send a NewRxRequest transaction.

12.2.2 PRESCRIBED MEDICATION INFORMATION ON A REFILL REQUEST

Question:

What medication should be provided in the Prescribed Medication in a Refill Request?

Discussion:

Should the prescribed medication in the Refill Request contain the information that the prescriber actually provided in the NewRx transaction or should this be the pharmacist's interpretation of the product ordered?

During task group discussion, some systems store exactly what the prescriber sent, so that when echoed back in the Refill Request prescribed medication it facilitates matching in the prescriber system. However, not all pharmacies store the originally provided information in a readily retrievable manner. Some prescriptions require follow up to clarify, to modify, etc. For this reason some systems support the pharmacist interpretation of what the prescriber ordered and send this information in the Refill Request.

In the refill, the prescriber is required to check the dispensed medication. There was some concern that if the pharmacy provided the prescribed medication information it may be used to approve the prescription without the prescriber reviewing what was actually dispensed. There was also a concern that if a prescribing clarification or error had been identified, sending what the prescriber provided could perpetuate the lack of clarity or error to the patient's detriment.

Response:

WG11 Prescription Requirements Task Group recommends that SCRIPT transactions sent from the pharmacy to the prescriber **should not** contain the literal prescribed medication information that was provided by the prescriber on a NewRx but instead should include the pharmacist's interpretation of the medication ordered by the prescriber. The reasons for this are:

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1. The information provided in the Drug Description field for the Medication Prescribed by the prescriber is often not consistent with industry standards.
 - a. It often contains discontinued brand names for products that are only on the market as generic or other branded products (e.g. Accutane).
 - b. It does not always reflect that correct dosage form such as extended or sustained release, which are later determined by the pharmacist.
 - c. It sometimes contains confusing information such as the generic and brand name such as: "generic name (Brand Name) strength and dosage form."
2. Providing the pharmacist's interpretation of the medication ordered promotes patient safety as it allows the prescriber to see the pharmacist's interpretation of the original order and to compare it with what was intended. The prescriber will know what is being authorized for refill (the product dispensed, as per NCPDP Implementation guidance) and can take appropriate actions if this is not what was intended.
3. The pharmacist's interpretation of the medication ordered has been provided in refill requests for over the past decade and is the way the vast majority of pharmacy systems continue to provide this information today.
4. String comparisons are one of the least reliable methods of determining if the information provided matches database information.
5. The prescriber use the Prescriber Order number or RelatesToMessageID (PrescriberOrderNumber, RelatesToMessageID), when available, to compare what was ordered with what is being requested for refill. In other instances, the patient's profile may need to be reviewed.
6. Once a national standard for product ID and nomenclature has been more widely implemented (such as RxNorm) this could resolve much of the confusion in the industry. The description of what the prescriber ordered should be more closely reflected in the Medication Prescribed field of the refill request. However, since misinterpretations could still occur we may decide to continue with the recommendation to always send the pharmacist's interpretation of the medication ordered in the Medication Prescribed field. The process described above provides for a consistent, safe and more normalized product description.

12.3 REFILL RESPONSE

12.3.1 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.

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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+.

12.4 RxFill

See section "[RxFill Recommendations](#)".

13. 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.

13.1 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.

13.2 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.

13.3 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 an interruption occurring in the pharmacy dispensing procedure prior to dispensing for various reasons that include but are not limited to:

- prescriptions pending additional information
- resolving a conflict with other medications
- future filling

While this may be perceived as noise to prescribers, the RxFill messages inform the prescriber of the prescription status and potentially indicate prescription shopping by the patient.

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.

13.4 DISCUSSION OF RxFILL OPERATIONAL ISSUES

13.4.1 OPT-IN FOR THE PRESCRIBER (AVAILABLE IN SCRIPT VERSION 2014+)

Adoption of RxFill may be improved by the additional functionality allowing prescribers to specify which prescriptions are to receive RxFill transactions and which RxFill message types to receive. Pharmacies that support RxFill status messages and the message level support (e.g. support all message types but transferred) will be a part of the pharmacy directory. An electronic health/medical record (EMR) will enable RxFill as part of the prescription writing process if the selected pharmacy supports RxFill Status. Prescribers have the following options if they request RxFill status messages in SCRIPT version 2014+:

Description	Dispensed	Partially Dispensed	Not Dispensed	Transferred
All RxFill status messages	X	X	X	X
All RxFill status messages but Transferred	X	X	X	
Dispensed and Partially Dispensed	X	X		
Partially Dispensed and Not Dispensed		X	X	
Not Dispensed or Transferred			X	X
Partially Dispensed Only		X		
Not Dispensed Only			X	
Cancel all RxFill Statuses				

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.

13.4.2 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 cancellation or modification to a previously sent <RxFillIndicator> value for a specific patient/medication combination.

13.4.3 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.

13.4.4 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. It should send the "Not Dispensed" indicator only after the medication has been returned to

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stock. Many pharmacies use “Return to Stock” as an indication that the prescription has not been dispensed. 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 will vary based on the pharmacy’s Return to Stock process.

13.4.5 PRESCRIBER SYSTEM MATCHING

The prescriber must electronically send the prescription via the NCPDP SCRIPT Standard in order for the prescriber’s system to receive RxFill transactions. The prescription is not considered electronic if sent via paper, phone e-fax or fax. Sending the prescription electronically ensures the correct matching between the original prescription and the subsequent RxFill transactions.

13.4.6 CHANGES IN PRESCRIBER WORKFLOW FROM RxFILL

RxFill transactions are intended to inform the prescriber. Adherence monitoring processes within an EMR system should be designed to fit the prescriber/office workflow and notify the prescriber via judicious use of safety alerts without causing alert fatigue.

13.4.7 VOLUME OF RxFILL TRANSACTIONS

The volume of RxFill transactions will typically be higher than most other electronic prescribing transaction types. For example, when a prescriber sends a NewRx transaction to the pharmacy, it will often include a number of refills for the prescription. No additional electronic prescribing transactions are sent between prescriber and pharmacy for normal refills. RxFill transactions are different in that they are sent for each dispensing or not dispensed event:

- Dispensed prescription: An RxFill transaction is sent each time a prescription is dispensed. A prescription with two refills would result in a total of three RxFill transactions – the original, or new, prescription plus two subsequent refills.
- 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 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. Prescriptions may be placed on hold pending additional information, resolving a conflict with other medications, or for future filling. It is recommended that the “Not Dispensed” response include additional information as to why a prescription was not dispensed, if known. Free text such as “Patient did not pick up the prescription”, “Patient unable to pay for prescription”, “Potential interaction with other medication” or “Prescription transferred” should be added to <FillStatus><NotDispensed><Note>. Due to variations in business practices, trading partner agreements will determine the timing of not dispensed RxFill transactions.
- **Transferred (available in SCRIPT version 2014+)** – 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

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instead of the original pharmacy. The Pharmacy to Pharmacy Prescription Transfer Standard supports communication addressing whether the receiving pharmacy supports RxFill.

The volume of RxFill transactions could be high if fully implemented for all situations.

13.4.8 RxFILL AND TRANSFERS (AVAILABLE IN SCRIPT VERSION 2014+)

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. The RxFill 'Transferred' message will provide all of the information except if the receiving pharmacy supports RxFill. RxFill support notification will be provided as part of the prescription transfer process.

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, 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.

13.4.9 ASSOCIATING A NEWRX WITH AN RxFILL TRANSACTION

The RxFill transaction is designed to be associated with an electronic prescription. The chart below describes how the matching schema is structured. There are examples in the NCPDP ***XML Standard Version 2013041*** (and above) that show the re-association using the trace numbers. Specific examples may be found in section "Trace Number Usage" (Example 2) and (Example 5). Below is an excerpt of Example 2.

Prescriber sends a new prescription. Pharmacy reports two RxFill transactions.

	NewRx from Prescriber	RxFill (partial fill) from Pharmacy	RxFill (partial fill) from Pharmacy
Field Name	Value		
<MessageID>	1234567	3311	3433
<RelatesToMessageID>		1234567	1234567
<RxReferenceNumber>		PH456	PH456
<PrescriberOrderNumber>	110088	110088	110088
	Status from Pharmacy	Status from Prescriber	Status from Prescriber
<MessageID>	ABC11	8899	9988
<RelatesToMessageID>	1234567	3311	3433
<RxReferenceNumber>			
<PrescriberOrderNumber>			

13.4.10 USAGE WITH THE MEDICATION HISTORY TRANSACTION

Medication History information may include adjudicated claims and/or pharmacy dispensed/point of sale prescription information. Medication History transactions may be exchanged among pharmacies, payers, and prescribers. RxFill Status transactions are exchanged between pharmacies and providers. Information supplied in the RxFill transaction may be duplicative of information provided in the Medication History transaction because more than one source may send information about a specific prescription (e.g. the pharmacy sends an RxFill status and prescription history and the payer sends claim history).

The RxFill value lies in its usage: it is intended to be requested by a prescriber for a specific reason(s). The most likely use is for adherence monitoring where the prescriber prefers active messaging on a patient's specific compliance as opposed to background medication checks that may overwhelm him/her with

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extraneous information. RxFill can be a valuable tool to actively monitor adherence on conditions that may require closer attention.

The Medication History transaction is most often sent by the data source to the requesting entity based on information the data source receives and consolidates from pharmacies and payers. The data source can consolidate and send Medication History on all prescriptions, even if the originating pharmacy does not support electronic prescribing or RxFill transactions. Medication history may differ based on the source:

- Processor/Payer: Medication history from these sources is based on adjudicated claims.
 - Advantages:
 - Includes all adjudicated prescriptions.
 - May contain prescriptions that were dispensed at pharmacies that are not supporting the ability to send prescription dispensing history.
 - Limitations:
 - Not all Processors/Payers may participate.
 - Does not contain prescriptions that were paid with cash or includes only items eligible under the patient's benefit.
 - May include data from claims that were subsequently reversed (i.e., returned to stock). This happens in the short time window where a prescription is dispensed; waiting for patient to pick-up it up and the patient decides not to pick it up so it is returned to stock.
 - Claims-based so Sig information is not available.
 - If beneficiaries change Processors/Payers, Medication History from the previous payer may not be available.
- Pharmacy: Many pharmacies make their dispensed prescription histories available to support patient care.
 - Advantages:
 - Includes all medications dispensed by pharmacy, regardless of payment sources (plan or patient).
 - Includes information not needed for claims adjudication, such as Sig.
 - Limitations:
 - Includes only medications dispensed by participating pharmacies.

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.

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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.

13.4.11 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. To have RxFill transactions sent to a new physician, the new prescriber must provide a new prescription to the pharmacy.

14. QUANTITY QUALIFIER RECOMMENDATIONS FOR ELECTRONICALLY CREATED 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 create 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. **Please see the implementation timeframe section below.**

The examples of Quantity Qualifiers with descriptions of GM, ML, and EA are expressed as per the NCPDP **Billing Unit Standard**. It should be noted that the Institute for Safe Medication Practices (ISMP) prefers that these terms be expressed to an end-user using their standard: GM=g, ML=mL and EA=ea. It is the decision of the implementer which interpretation of the description of the Quantity Qualifier to display in their end-user applications.

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.
 - There have been deaths associated with the excess application of creams and ointments.
 - Insufficient quantities may result in poor outcomes.
- 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 and Prescribers are highly urged to follow.

14.1 DRUG COMPENDIA

The drug compendia should ensure that each drug/item description is mapped to a valid and appropriate National Cancer Institute (NCI) NCPDP Terminology Quantity Unit of Measure Code (<http://www.cancer.gov/cancertopics/cancerlibrary/terminologyresources/ncpdp>). (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 DEASchedule Terminology, NCPDP MeasurementUnitCode Terminology, NCPDP StrengthForm Terminology, or NCPDP StrengthUnitOfMeasure Terminology).

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- The drug compendia should provide guidance, based upon their data set, for displaying unit-of-use packaging to vendors of electronic prescribing systems so that both the metric-decimal Quantity and the Quantity Qualifier description should be displayed to the prescriber when creating a prescription.
- For drugs/items that are measured in volume (ML) or weight/mass (GM) and that are dispensed in unit of use packaging, the prescription metric decimal quantity options displayed to the prescriber should represent what is commercially available from the pharmaceutical company for the drug/item prescribed (e.g. eye drops – 5 ML, 10 ML or 15 ML).
- The Quantity and Quantity Unit of Measure description along with the package information should be displayed to the prescriber. Only the Quantity and Quantity Unit of Measure code information is transmitted in the prescription from the prescriber to the pharmacy.
- The drug compendia should create such specific guidance as described in the above bullets for vendors of electronic prescribing systems to facilitate the integration of their products in electronic prescription messaging.

14.2 EHR AND PRESCRIBING SYSTEM VENDORS

- Use a commercial compendium as a source for drug information.
 - If a commercial compendium is not used, the Structured Product Label (SPL) provides a dose form qualifier (see [DailyMed](#)) which should be mapped to the NCI list of available codes.
- Regularly scheduled updates from the compendia are processed and loaded in the prescribers' system.
- The Quantity Qualifier code value C38046 (Unspecified) is only to be used for translation purposes when a Quantity Qualifier value is not available for use in the version of the NCI Codes. Translation is the mapping process used when either converting between different versions of SCRIPT Standard, or when adopting these recommendations for the code set migration.
 - C64933 (Each) is only to be used for conveying specific units that do not meet the recommendations criteria identified, such as:
 - Measured in volume or weight
 - Translated value is not available within the current version of NCIt.
 - Items without specific values in the current version of NCIt that would be expected to be measured in units of one/each
 - Examples: DME supplies, such as canes, wheel chairs, various braces or orthotics, etc. and other one-offs, such as a new device without a current NCIt value
- For drugs/items that are measured in volume (ML) or weight/mass (GM), the prescription metric decimal quantity options displayed to the prescriber represent what is commercially available from the pharmaceutical company for the drug/item prescribed.
- The Quantity and Quantity Unit of Measure description along with the package information should be displayed to the prescriber. Only the Quantity and Quantity Unit of Measure code information is transmitted in the prescription from the prescriber to the pharmacy.
 - Examples
 - Oral and Topical Liquids: 60 ML Bottle, 100 ML Bottle, etc.
 - Ophthalmic, Otic or Oral Drops: 5 ML Bottle, 7.5 ML Bottle, 30 ML Bottle, etc.
 - Creams, Gels and Ointments: 30 GM Tube, 42.5 GM Tube, 454 GM Jar, etc.

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- Inhalers: 8 GM Canister, 15 GM Bottle, etc.
- Cans: 240 GM Can or 240 ML Can, etc.
- Blood Glucose Test Strips: 100 EA Box, etc.
- Lancets: 100 EA Box, etc.
- Package descriptions alone are strongly discouraged from being available to select as a Quantity Qualifier description.
 - Not Recommended Examples
 - Cans
 - Bottle
 - Box
 - Tube

The table below provides examples of how to implement these recommendations. In the column “Example of Correct Quantity and Quantity Qualifier to Transmit with the Prescription”, the description is shown for readability. In the actual transmission, the code would be sent (e.g. ML code is C28254; GM code is C48155; EA is C64933, etc.)

Examples of Drugs/Items	Example of Incorrect Quantity to Display and Transmit	Example of Correct Quantity to Display to the Prescriber	Example of Correct Quantity and Quantity Qualifier to Transmit with the Prescription
Amoxicillin 250 mg/5 ML for Oral Suspension	1 Bottle	100 ML Bottle	100 ML
Hydroxyzine Hydrochloride 10 mg/5 ML Syrup	4 oz	120 ML Bottle	120 ML
Albuterol Sulfate HFA 108 mcg/act Inhalation Aerosol	1 canister	18 GM Canister	18 GM
Lindane 1% Shampoo	1 Bottle	60 ML Bottle	60 ML
Timolol Maleate 0.5% Ophthalmic Solution	1 Bottle	10 ML Bottle	10 ML
Ear Wax Drops	1 Bottle	15 ML Bottle	15 ML
Fluocinonide 0.05% Cream	1 Tube	30 GM Tube	30 GM
Triamcinolone Acetonide 0.025% Cream	1 Jar	454 GM Jar	454 GM
Flunisolide 0.025% Nasal Spray	1 Bottle	25 ML Bottle	25 ML
Cholestyramine 4 gm Powder	1 Can	378 GM Can	378 GM
Cholestyramine 4 gm Powder Packet	1 Box	120 Packet Box	120 Packet
Blood Glucose Test Strips	1 Box	50 Strip Box	50 Strip
Promethazine 25 mg Suppository	1 Box	12 Suppository Box	12 Suppository
Incontinence Brief / Large	1 Package	25 EA Package	25 EA
TED Hose (2 stockings)	1 Box	2 EA Box	2 EA

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- SCRIPT version 10.6 does not have the capability for the prescriber to indicate that multiple units of a particular Quantity and Quantity Qualifier are to be dispensed. Until a future SCRIPT version includes fields to accommodate these scenarios, the examples and tables below provide guidance on how they are to be handled.
 - An example is when 2 tubes of a 15 GM cream are prescribed; one tube may be for use at home and the other for use at school. The prescription quantity to transmit to the pharmacy is the total quantity that represents the number of units to dispense times the metric-decimal quantity of each unit dispensed along with the appropriate Quantity Qualifier code. In addition, the prescriber needs to include a note in the Notes field instructing the pharmacist how to fulfill the prescription quantity.

The table below provides guidance on how this scenario is to be handled. In the column “Example of Correct Quantity and Quantity Qualifier to Transmit with the Prescription”, the description is shown for readability. In the actual transmission, the code would be sent (e.g. GM code is C48155.)

Example of Drug/Item	Example of Correct Quantity to Display to the Prescriber	Example of Correct Quantity and Quantity Qualifier to Transmit with the Prescription	Note that Prescriber Includes in the Notes Field
Triamcinolone Acetonide 0.025% Cream	2 x 15 GM Tube	30 GM	Dispense 2 Tubes, one for home use and one for school use.

- A second example is when multiple prefilled syringes that contain liquid for injection are prescribed. According to the NCPDP **Billing Unit Standard**, the quantity for a liquid filled syringe is represented by the metric decimal volume of liquid that the syringe contains along with the Quantity Qualifier code for ML.

The table below provides guidance on how this scenario is to be handled. In the column “Example of Correct Quantity and Quantity Qualifier to Transmit with the Prescription”, the description is shown for readability. In the actual transmission, the code would be sent (e.g. ML code is C28254.)

Example of Drug/Item	Example of Correct Quantity to Display to the Prescriber	Example of Correct Quantity and Quantity Qualifier to Transmit with the Prescription	Pharmacy Calculation to Determine the Quantity to Dispense
Enoxaparin 40 MG/0.4 ML Solution for Injection	10 x 0.4 ML Syringes	4 ML	$4 \text{ ML} \div 0.4 \text{ ML/syringe} = 10$ syringes

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- A third example is when multiple vials that contain a dosage form that has to be reconstituted for injection are prescribed. According to the NCPDP **Billing Unit Standard**, the Quantity for a drug that is in a dosage form that is marketed in a vial, etc., that has to be reconstituted prior to injection has the metric decimal Quantity of 1, and the Quantity Qualifier is the code for “Each”.
 - For the example below, vial can be directly mapped to the **Billing Unit Standard** “EA”. The metric decimal Quantity is 2. The Quantity Qualifier is the code for “EA”.

The table below provides guidance on how this scenario is to be handled. In the column “Example of Correct Quantity and Quantity Qualifier to Transmit with the Prescription”, the description is shown for readability. In the actual transmission, the code would be sent (e.g. EA is C64933.)

Example of Drug/Item	Example of Correct Quantity to Display to the Prescriber	Example of Correct Quantity and Quantity Qualifier to Transmit with the Prescription	Quantity to Dispense
Risperdal Consta 37.5 MG Reconstituted Suspension for Injection	2 x 1 EA	2 EA	2 Vial of powder

- A fourth example is when single or multiple vials contain a liquid dosage form. According to the NCPDP **Billing Unit Standard**, liquids are measured in ML. The Quantity Qualifier is the code for “ML”.

The table below provides guidance on how this scenario is to be handled. In the column “Example of Correct Quantity and Quantity Qualifier to Transmit with the Prescription”, the description is shown for readability. In the actual transmission, the code would be sent (e.g. ML code is C28254.)

Example of Drug/Item	Example of Correct Quantity to Display to the Prescriber	Example of Correct Quantity and Quantity Qualifier to Transmit with the Prescription	Quantity to Dispense
Cyanocobalamin 1000 mcg/ML injectable solution	2 x 1 ML	2 ML	2 Vial of 1 ML

- Drugs/Items that can be uniquely identified with discrete, measurable quantities should be sent with the most descriptive unit of measure.
 - Recommended Examples
 - Capsule
 - Tablet
 - Strip
 - Patch
 - Kit

Examples are provided in the table below. The description is shown for readability. In the actual transmission, the code would be sent (e.g. EA is C64933.)

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Examples of Drugs/Items	Examples of Correct Quantity and Quantity Qualifier Alternatives to Display to the Prescriber. Either may be transmitted with the prescription, but the more descriptive is the preferred (e.g. Capsules, Tablets, Patches).	
Amoxicillin 500 mg Capsule	30 Capsule	30 EA
Enalapril 10 mg Tablet	90 Tablet	90 EA
Lidocaine 5% Patch	30 Patch	30 EA

- For instances where the same drug and strength are available in different dosage forms, it is recommended that the dosage form code rather than the code for EA be transmitted as the Quantity Qualifier.

The table below provides an example. In the column “Example of Correct Quantity and Quantity Qualifier to Transmit with the Prescription”, the description is shown for readability. In the actual transmission, the code would be sent (e.g. Capsule is C48480, etc.)

Examples of Drugs/Items	Example of Correct Quantity and Quantity Qualifier to Transmit with the Prescription
Esomeprazole Magnesium DR 40 mg Capsule	30 Capsule
Esomeprazole Magnesium DR 40 mg Packet	30 EA

14.3 EHR, PRESCRIBING SYSTEM VENDORS AND PRESCRIBERS

The above recommendations are strongly encouraged to be applied when a prescriber creates a prescription via free text. The examples in the tables above should be used as guidance.

14.4 IMPLEMENTATION TIMELINE

Although the sunsetted values will be available **until the regulatory cutoff date** of SCRIPT version 10.6 as determined by the industry, the recommendations are to migrate to the above guidance and the allowable qualifier codes as soon as possible to remove them from circulation and facilitate the transition.

The NCI Subset list with the acceptable Quantity Qualifier 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 DEASchedule Terminology, NCPDP MeasurementUnitCode Terminology, NCPDP StrengthForm Terminology, or NCPDP StrengthUnitOfMeasure Terminology).

From Version 14.01d

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C89510	C48473	NCPDP QuantityUnitOf Measure Terminology	Ampule	Ampule Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in an ampule.	No	Sunset	ML or EA	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.
C89510	C62412	NCPDP QuantityUnitOf Measure Terminology	Applicator	Applicator Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a single applicator.	Yes	Keep	EA	Translates to EA 1:1. Example: Silver Nitrate Applicator
C89510	C78783	NCPDP QuantityUnitOf Measure Terminology	Applicatorful	Applicatorful Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a full applicator.	No	Sunset	GM or ML	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.
C89510	C48474	NCPDP QuantityUnitOf Measure Terminology	Bag	Bag Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a bag.	No	Sunset	GM or ML	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.
C89510	C48475	NCPDP QuantityUnitOf Measure Terminology	Bar	Bar Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a bar.	Yes	Keep	EA	Translates to EA 1:1. NCPDP Work Group 2 defines a bar as 1 EA: Bars have a billing unit of "each". Commonly, bars also include the weight in grams of the bar on the package; there had been confusion if the billing unit should be "each" or "gram". This was researched as a project by the work group and it was determined that "each" 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 "each".
C89510	C53495	NCPDP QuantityUnitOf Measure Terminology	Bead	Bead Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a bead.	No	Sunset	GM	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.
C89510	C54564	NCPDP QuantityUnitOf Measure Terminology	Blister	Blister Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a blister.	Yes	Keep	EA	Translates to EA 1:1. Example: Advair Diskus or Breo Ellipta
C89510	C53498	NCPDP QuantityUnitOf Measure Terminology	Block	Block Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a block.	No	Sunset	EA	Term does not quantify a measurable size for dispense. Example: Camphor Blocks
C89510	C48476	NCPDP QuantityUnitOf Measure Terminology	Bolus	Bolus Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a bolus.	No	Sunset	ML	Term does not quantify an actual size and is a measure of dose rather than dispense quantity.
C89510	C48477	NCPDP	Bottle	Bottle Dosing Unit	A dosing unit equal to the amount	No	Sunset	ML	Term does not quantify a measurable size for dispense.

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		QuantityUnitOf Measure Terminology			of active ingredient(s) contained in a bottle.				Example: A bottle of Robitussin mat contain 120 ML or 240 ML.
C89510	C48478	NCPDP QuantityUnitOf Measure Terminology	Box	Box Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a box.	No	Sunset	GM or ML or EA	Term does not quantify a measurable size for dispense. Example: A box of syringes may contain 30 EA or 100 EA.
C89510	C48479	NCPDP QuantityUnitOf Measure Terminology	Can	Can Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a can.	No	Sunset	GM or ML or EA	Term does not quantify a measurable size for dispense. Example: Olux Foam may have 50 GM or 100 GM in a can.
C89510	C62413	NCPDP QuantityUnitOf Measure Terminology	Canister	Canister Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a canister.	No	Sunset	GM or ML	Term does not quantify a measurable size for dispense. Example: A canister of albuterol inhaler may contain 3.7 Gm or 6.7 GM.
C89510	C64696	NCPDP QuantityUnitOf Measure Terminology	Caplet	Caplet Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a caplet.	Yes	Keep	EA	Translates to EA 1:1 Example: Tylenol Caplet
C89510	C48480	NCPDP QuantityUnitOf Measure Terminology	Capsule	Capsule Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a capsule.	Yes	Keep	EA	Translates to EA 1:1 Example: Amoxicillin capsule
C89510	C54702	NCPDP QuantityUnitOf Measure Terminology	Carton	Carton Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a carton.	No	Sunset	GM or ML or EA	Term does not quantify a measurable size for dispense. Example: A carton of alcohol swabs may contain 100 EA or 200 EA.
C89510	C48481	NCPDP QuantityUnitOf Measure Terminology	Cartridge	Cartridge Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a cartridge.	No	Sunset	ML	Term does not quantify a measurable size for dispense. Example an insulin cartridge may contain 1.5 ML or 3 ML.
C89510	C62414	NCPDP QuantityUnitOf Measure Terminology	Case	Case Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a case.	No	Sunset	GM or ML or EA	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.
C89510	C69093	NCPDP QuantityUnitOf Measure Terminology	Cassette	Cassette Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a cassette.	No	Sunset	GM or ML or EA	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).
C89510	C48484	NCPDP QuantityUnitOf Measure	Container	Container Dosing Unit	A dosing unit equal to the amount of active ingredient(s) in a container.	No	Sunset	GM or ML or EA	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

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		Terminology							ML.
C89510	C48489	NCPDP QuantityUnitOf Measure Terminology	Cylinder	Cylinder Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a cylinder.	No	Sunset	GM or ML or EA	Term does not quantify a specific measurable size. A cylinder of oxygen may contain 20,000 ML or 40,000 ML.
C89510	C48490	NCPDP QuantityUnitOf Measure Terminology	Disk	Disk Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a disk.	No	Sunset	EA	Discontinued dosage form.
C89510	C62417	NCPDP QuantityUnitOf Measure Terminology	Dose Pack	Dose Pack Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a dose pack.	No	Sunset	GM or ML or EA	Term does not quantify a measurable size. A dose pack may have many different metric amounts contained within it.
C89510	C96265	NCPDP QuantityUnitOf Measure Terminology	Dual Pack	Dual Pack Dosing Unit	A dosing unit equal to the amount of active ingredient(s) in a product containing two individual units.	No	Sunset	GM or ML or EA	Term does not quantify a measurable size. A dual pack represents 2 of another other unit of measurement.
C89510	C64933	NCPDP QuantityUnitOf Measure Terminology	Each	Each	Used to refer to every member of a group of people or things, considered individually.	Yes	Keep	EA	NCPDP Billing Unit
C89510	C53499	NCPDP QuantityUnitOf Measure Terminology	Film	Film Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a film.	Yes	Keep	EA	Translates to EA 1:1. No current example
C89510	C48494	NCPDP QuantityUnitOf Measure Terminology	Fluid Ounce	Fluid Ounce US	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.	No	Sunset	ML	Not a preferred metric unit of measure. Convert prescriptions written in ounces to ML using number of ounces x 30.
C89510	C101680	NCPDP QuantityUnitOf Measure Terminology	French	French Catheter Gauge	A number representing the outer diameter of a catheter where each integer represents 1/3 of a millimeter.	No	Sunset	EA	Term does not quantify a dispense unit, it is the size of a urinary catheter.
C89510	C48580	NCPDP QuantityUnitOf Measure Terminology	Gallon	Gallon US	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.	No	Sunset	ML	Not a preferred metric unit of measure. Convert prescriptions written in ounces to ML using number of gallons x 128 ounces x 30 ML
C89510	C48155	NCPDP QuantityUnitOf Measure	Gram	Gram	The metric unit of mass equal to one thousandth of a kilogram. One gram equals approximately 15.432	Yes	Keep	GM	NCPDP Billing Unit

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		Terminology			grains or 0.035 273 966 ounce.				
C89510	C69124	NCPDP QuantityUnitOf Measure Terminology	Gum	Gum Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a gum.	Yes	Keep	EA	Translates to EA 1:1. Example Nicorette Gum
C89510	C48499	NCPDP QuantityUnitOf Measure Terminology	Implant	Implant Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in an implant.	Yes	Keep	EA	Translates to EA 1:1. Example: Ozurdex intraocular implant.
C89510	C48501	NCPDP QuantityUnitOf Measure Terminology	Inhalation	Inhalation Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in an inhalation.	No	Sunset	GM or ML or EA	Term does not quantify a measurable size for dispense.
C89510	C62275	NCPDP QuantityUnitOf Measure Terminology	Inhaler	Inhaler Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in an inhaler.	No	Sunset	GM or ML or EA	Term does not quantify a measurable size for dispense.
C89510	C62418	NCPDP QuantityUnitOf Measure Terminology	Inhaler Refill	Inhaler Refill Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in an inhaler refill.	No	Sunset	GM or ML or EA	Term does not quantify a measurable size for dispense.
C89510	C62276	NCPDP QuantityUnitOf Measure Terminology	Insert	Insert Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in an insert.	Yes	Keep	EA	Translates to EA 1:1. Example: Lacrisert.
C89510	C67283	NCPDP QuantityUnitOf Measure Terminology	Intravenous Bag	Intravenous Bag Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in an intravenous bag.	No	Sunset	ML	Term does not quantify a measurable size for dispense. An intravenous bag may contain 250 ML or 500 ML.
C89510	C28252	NCPDP QuantityUnitOf Measure Terminology	Kilogram	Kilogram	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.	Yes	Keep	GM	Not a preferred metric unit of measure. Convert kilograms to grams using the kilogram measurement x 1000.
C89510	C48504	NCPDP QuantityUnitOf Measure Terminology	Kit	Kit Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a kit.	Yes	Keep	EA	Hard to quantify, as NCPDP Billing Unit Standard has all 3 units for kits based on rules, but should be understood by receiving pharmacies.
C89510	C48505	NCPDP QuantityUnitOf	Liter	Liter	The non-SI unit of volume accepted for use with the SI. One liter is	Yes	Keep	ML	Not a preferred metric unit of measure. Convert liters to milliliters using the liter measurement x 1000.

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		Measure Terminology			equal to cubic decimeter, or one thousandth of cubic meter, or 1000 cubic centimeters, or approximately 61.023 744 cubic inches.				
C89510	C48506	NCPDP QuantityUnitOf Measure Terminology	Lozenge	Lozenge Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a lozenge.	Yes	Keep	EA	Translates to EA 1:1. Example : Cepacol Lozenges
C89510	C48491	NCPDP QuantityUnitOf Measure Terminology	Metric Drop	Metric Drop	A unit of volume used in pharmacy and equal to 0.05 milliliter (20 drops/ml).	No	Sunset	ML	Term does not quantify a measurable size for dispense.
C89510	C48512	NCPDP QuantityUnitOf Measure Terminology	Milliequivalent	Milliequivalent	A unit of relative amount of a substance equal to one thousandth of an equivalent weight.	No	Sunset	GM or ML	Term does not quantify a measurable size for dispense.
C89510	C28253	NCPDP QuantityUnitOf Measure Terminology	Milligram	Milligram	A metric unit of mass equal to one thousandth of a gram or 1000 micrograms. One milligram equals approximately 0.015432 grain or 35.274 x 10E-6 ounce.	Yes	Keep	GM	Not a preferred metric unit of measure. Convert milligrams to grams using the milligram measurement/1000.
C89510	C28254	NCPDP QuantityUnitOf Measure Terminology	Milliliter	Milliliter	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.	Yes	Keep	ML	NCPDP Billing Unit
C89510	C28251	NCPDP QuantityUnitOf Measure Terminology	Millimeter	Millimeter	A metric unit of length equal to one thousandth of a meter (10E-3 meter) or approximately 0.03937 inch.	No	Sunset	EA	Not a measurement of quantity. It is a measurement of length.
C89510	C71204	NCPDP QuantityUnitOf Measure Terminology	Nebule	Nebule Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a nebule.	No	Sunset	ML	Term does not quantify a measurable size for dispense. Example: A nebule of albuterol may contain 0.5 ML or 2.5 ML.
C89510	C100052	NCPDP QuantityUnitOf Measure Terminology	Needle Free Injection	Needle Free Injection Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a single needle free injection unit.	No	Sunset	ML	Term does not quantify a measurable size for dispense.
C89510	C69086	NCPDP QuantityUnitOf	Ocular System	Ocular System Dosing Unit	A dosing unit equal to the amount of active ingredient(s) in an ocular	No	Sunset	EA	Discontinued dosage form.

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		Measure Terminology			system.				
C89510	C48519	NCPDP QuantityUnitOf Measure Terminology	Ounce	Ounce	The traditional unit of mass. The avoirdupois ounce is equal to 1/16 pound, or 28.3495 grams, or 0.911 457 troy ounce.	No	Sunset	GM	Not a preferred metric unit of measure. Convert prescriptions written in ounces to GM using number of ounces x 30.
C89510	C48520	NCPDP QuantityUnitOf Measure Terminology	Package	Package Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a package.	No	Sunset	GM or ML or EA	Term does not quantify a measurable size for dispense.
C89510	C48521	NCPDP QuantityUnitOf Measure Terminology	Packet	Packet Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a packet.	Yes	Keep	EA	Translates to EA 1:1. Example: Questran Powder Packets.
C89510	C65032	NCPDP QuantityUnitOf Measure Terminology	Pad	Pad Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a pad.	Yes	Keep	EA	Translates to EA 1:1. Example: Pacnex HP Cleansing Pads.
C89510	C82484	NCPDP QuantityUnitOf Measure Terminology	Paper	Paper Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a piece of paper.	No	Sunset	EA	Term does not quantify a measurable size for dispense. This dose form is no longer used.
C89510	C48524	NCPDP QuantityUnitOf Measure Terminology	Patch	Patch Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a patch.	Yes	Keep	EA	Translates to EA 1:1. Example: Transderm-Nitro.
C89510	C48529	NCPDP QuantityUnitOf Measure Terminology	Pint	Pint	A United States liquid unit equal to 16 fluid ounces; two pints equal one quart.	No	Sunset	ML	Not a preferred metric unit of measure. Convert prescriptions written in pints to ML using number of pints x 480.
C89510	C48530	NCPDP QuantityUnitOf Measure Terminology	Pouch	Pouch Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a pouch.	No	Sunset	GM or ML or EA	Term does not quantify a measurable size for dispense.
C89510	C48531	NCPDP QuantityUnitOf Measure Terminology	Pound	Pound	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.	No	Sunset	GM	Not a preferred metric unit of measure. Convert prescriptions written in pounds to GM using number of pounds x 454.
C89510	C97717	NCPDP QuantityUnitOf Measure	Pre-filled Pen Syringe	Pre-filled Pen Syringe	A syringe that lacks a conventional plunger, resembles a writing pen, and is designed to dispense a pre-	No	Sunset	ML	Term does not quantify a measurable size for dispense.

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		Terminology			loaded dose of a drug. It may be designed to deliver a single dose or be designed for repeated use.				
C89510	C65060	NCPDP QuantityUnitOf Measure Terminology	Puff	Puff Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a puff.	No	Sunset	GM or ML	Term does not quantify a measurable size for dispense.
C89510	C111984	NCPDP QuantityUnitOf Measure Terminology	Pump	Pump Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in one actuation of a pumping device.	No	Sunset	GM or ML	Term does not quantify a measurable size for dispense.
C89510	C48534	NCPDP QuantityUnitOf Measure Terminology	Quart	Quart	A United States liquid unit equal to 32 fluid ounces; four quarts equal one gallon.	No	Sunset	ML	Not a preferred metric unit of measure. Convert prescriptions written in pints to ML using number of quarts x 960.
C89510	C62609	NCPDP QuantityUnitOf Measure Terminology	Ring	Ring Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a ring.	Yes	Keep	EA	Translates to EA 1:1. Example: NuvaRing.
C89510	C71324	NCPDP QuantityUnitOf Measure Terminology	Sachet	Sachet Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a sachet.	Yes	Keep	EA	Translates to EA 1:1. This term is not currently used in the United States, but is similar to the packet dosing unit.
C89510	C48536	NCPDP QuantityUnitOf Measure Terminology	Scoopful	Scoopful Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained typically in a spoon-shaped object.	No	Sunset	GM or ML or EA	Term does not quantify a measurable size for dispense.
C89510	C53502	NCPDP QuantityUnitOf Measure Terminology	Sponge	Sponge Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a sponge.	Yes	Keep	EA	Translates to EA 1:1. No current example.
C89510	C48537	NCPDP QuantityUnitOf Measure Terminology	Spray	Spray Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a spray.	No	Sunset	GM or ML	Term does not quantify a measurable size for dispense.
C89510	C53503	NCPDP QuantityUnitOf Measure Terminology	Stick	Stick Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a stick.	Yes	Keep	EA	Translates to EA 1:1. Example: Silver Nitrate Stick.
C89510	C48538	NCPDP QuantityUnitOf Measure	Strip	Strip Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a strip.	Yes	Keep	EA	Translates to EA 1:1. Example: Glucose Testing Strip.

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		Terminology							
C89510	C48539	NCPDP QuantityUnitOf Measure Terminology	Suppository	Suppository Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a suppository.	Yes	Keep	EA	Translates to EA 1:1. Example: Promethazine rectal suppositories.
C89510	C53504	NCPDP QuantityUnitOf Measure Terminology	Swab	Swab Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a swab.	Yes	Keep	EA	Translates to EA 1:1. Example: Alcohol swab.
C89510	C48540	NCPDP QuantityUnitOf Measure Terminology	Syringe	Syringe Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a single syringe.	No	Sunset	ML or EA	Term does not quantify a measurable size for dispense.
C89510	C48541	NCPDP QuantityUnitOf Measure Terminology	Tablespoon	Tablespoon Dosing Unit	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.	No	Sunset	ML	Not a preferred metric unit of measure. Convert prescriptions written in tablespoons to ML using number of tablespoons x 15.
C89510	C48542	NCPDP QuantityUnitOf Measure Terminology	Tablet	Tablet Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a tablet.	Yes	Keep	EA	Translates to EA 1:1. Example: Tenormin 50 mg tablet.
C89510	C62421	NCPDP QuantityUnitOf Measure Terminology	Tabminder	Tabminder Dosing Unit	A dosing unit equal to the amount of active ingredient(s) administered by a tabminder.	Yes	Sunset	EA	Term does not quantify a measurable size for dispense.
C89510	C48543	NCPDP QuantityUnitOf Measure Terminology	Tampon	Tampon Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a tampon.	Yes	Keep	EA	Translates to EA 1:1. No current example of a medicated tampon.
C89510	C48544	NCPDP QuantityUnitOf Measure Terminology	Teaspoon	Teaspoon Dosing Unit	A unit of volume used in pharmacy and equal to 5 milliliters.	No	Sunset	ML	Not a preferred metric unit of measure. Convert prescriptions written in teaspoons to ML using number of teaspoons x 5.
C89510	C54704	NCPDP QuantityUnitOf Measure Terminology	Tray	Tray Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained on a tray.	No	Sunset	GM or ML or EA	Term does not quantify a measurable size for dispense.
C89510	C48548	NCPDP	Troche	Troche Dosing Unit	A dosing unit equal to the amount	Yes	Keep	EA	Translates to EA 1:1. Example: Clotrimazole Troche

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		QuantityUnitOf Measure Terminology			of active ingredient(s) contained in a troche.				
C89510	C48549	NCPDP QuantityUnitOf Measure Terminology	Tube	Tube Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a tube.	No	Sunset	GM or ML or EA	Term does not quantify a measurable size for dispense.
C89510	C38046	NCPDP QuantityUnitOf Measure Terminology	Unspecified	Unspecified	Not stated explicitly or in detail.	Yes	Keep	GM or ML or EA	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 qualifier 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.
C89510	C48551	NCPDP QuantityUnitOf Measure Terminology	Vial	Vial Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a single vial.	No	Sunset	ML or EA	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.
C89510	C48552	NCPDP QuantityUnitOf Measure Terminology	Wafer	Wafer Dosing Unit	A dosing unit equal to the amount of active ingredient(s) contained in a wafer.	Yes	Keep	EA	Translates to EA 1:1. Example: Metamucil Wafer.

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15. ASSISTANCE WITH THE USE OF SCRIPT VERSION 10.6 IN THE LONG TERM AND POST ACUTE CARE SETTINGS

To transition to SCRIPT Standard Implementation Guide Version 10.6 for the long term and post acute care (LTPAC) implementers, the NCPDP WG14 LTPAC ePrescribing Task Group makes the following recommendations.

15.1 DEMOGRAPHIC AND CONTACT INFORMATION FOR PHARMACY, FACILITY, PRESCRIBER AND SUPERVISOR

The following tables provide the recommended usage for all demographic and contact information fields in all applicable transactions. In addition it is recommended:

- The <Facility> should be sent for a resident of a facility except in the case of acknowledgement messages such as Verify.
- The <PrescriberAgent> should be sent to capture the person entering the information.
- The <Supervisor> should be sent for all extenders (non-physician prescribers), as required.

Legend:

Code	Definition
C	Conditional – specific conditions appear at end of table
F	Follow SCRIPT Standard Implementation Guide Version 10.6 for specific requirements
M	Mandatory
N	Not Used
O	Optional
R	Required for LTPAC

Field	Pharmacy	Facility	Prescriber	Supervisor
<StoreName>	M	N	N	N
<ClinicName>	N	N	C	O
<FacilityName>	N	R	N	N
<Specialty>	N	N	O	O
<LastName>	N	N	M	M
<FirstName>	N	N	R	R
<MiddleName>	N	N	C	C
<Suffix>	N	N	O	O
<Prefix>	N	N	O	O
<AddressLine1>	F	F	F	F
<AddressLine2>	O	O	O	O
<City>	F	F	F	F
<State >	F	F	F	F
<ZipCode>	F	F	F	F
<CommunicationNumber> value Beeper	O	O	O	O
<CommunicationNumber> value Cellular	O	O	O	O
<CommunicationNumber> value eMail	C	C	C	C
<CommunicationNumber> value Fax	O	O	R	O
<CommunicationNumber> value Home	O	O	O	O
<CommunicationNumber> value Night	O	O	O	O
<CommunicationNumber> value Telephone	M	M	M	M
<CommunicationNumber> value Work	O	O	O	O
<PrescriberAgent>< Last Name>	N	N	C	N
<PrescriberAgent><First Name>	N	N	C	N

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Field	Pharmacy	Facility	Prescriber	Supervisor
<PrescriberAgent><MiddleName>	N	N	O	N
<PrescriberAgent><Suffix>	N	N	O	N
<PrescriberAgent><Prefix>	N	N	O	N

Conditional Usage:

- <MiddleName> should be sent if known for the prescriber or supervisor.
- EMail address should be sent when available. The eMail address is to be used only for non-patient specific content.
- <ClinicName> should be sent if known.
- <Prescriber><Agent> <LastName> and <Prescriber><Agent><FirstName> should be sent to record the person entering the order.

15.2 PRESCRIBER, PHARMACY AND FACILITY IDENTIFIERS

The following identifiers are recommended for use in <Prescriber><Identification>:

- <NPI> is required (Type 1 Individual NPI).
- <DEANumber> is required if the prescriber has a DEA Number and the medication being prescribed is a controlled substance.
- <StateLicenseNumber> is recommended as an additional identifier for informational purposes.

The following identifiers are recommended for use in <Pharmacy><Identification>:

- <NCPDPID> is required.
- <NPI> is required.

The following identifiers are recommended for use in <Facility><Identification>:

- <NPI> is required if the facility has obtained an NPI.
- <MutuallyDefined> is required if there is a need to differentiate between facility locations that share the same NPI.

15.3 PATIENT DEMOGRAPHICS AND IDENTIFICATION

The following table provides the recommended usage for all demographic and contact information fields for patients.

Legend:

Code	Definition
C	Conditional – specific conditions appear at end of table
F	Follow SCRIPT Standard Implementation Guide Version 10.6 for specific requirements
M	Mandatory
N	Not Used
O	Optional
R	Required for LTPAC

Field	Patient
<PatientRelationship>	O
<Identification>	R
<LastName>	M
<FirstName>	M
<MiddleName>	O

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Field	Patient
<Suffix>	O
<Prefix>	O
<Gender>	M
<DateOfBirth>	R
<AddressLine1>	O
<AddressLine2>	O
<City>	O
<State>	O
<ZipCode>	O
<CommunicationNumber> value Beeper	O
<CommunicationNumber> value Cellular	O
<CommunicationNumber> value eMail	O
<CommunicationNumber> value Fax	O
<CommunicationNumber> value Home	O
<CommunicationNumber> value Telephone	M
<CommunicationNumber> value Work	O
<FacilityUnit>	C
<Bed>	C
<Room>	C

Conditional Usage:

- <Bed> is required for Census messages except discharge if more than one bed is assigned to a room. It is also recommended to be sent on a discharge if known.
- <FacilityUnit> is required for Census messages except discharge. It is also recommended to be sent on discharge if known.
- <Room> is required for Census messages except discharge. It is recommended to be sent on discharge if known.

Patient Identification:

In SCRIPT Standard Implementation Guide Version 10.6, the <Patient><Identifiers> element supports up to two occurrences. The following identifiers are recommended for use in <Patient><Identification>:

- A unique patient identifier (<PatientAccountNumber> or <MedicalRecordIdentificationNumberEHR>) is required to be provided by the facility and stored by the pharmacy to use as a unique identifier for communications related to the patient.
- <SocialSecurity> is required to be exchanged to assist in eligibility checks and billing of claims. If the Social Security Number is not known or not allowed for use by law, then <MedicareNumber> should be used.

15.4 PRESCRIPTION/ORDER MESSAGE

The following guidance applies to the SCRIPT Standard Implementation Guide Version 10.6 <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>).

15.4.1 MEDICATION DESCRIPTION AND IDENTIFIERS

In addition to the mandatory <DrugDescription> element, populate <DrugCoded><DrugDBCode> with the RxNorm identifier and <DrugCoded><DrugDBCodeQualifier> with the associated RxNorm term type for the prescribed medication when one exists. If an RxNorm code has not been assigned to the medication,

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populate the <DrugCoded><ProductCode> element with a representative NDC code—an NDC reflecting the medication name, strength and dose form of the prescribed medication.

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”](#)

15.4.2 DIRECTIONS/Sig

In SCRIPT Standard Implementation Guide Version 10.6, the <Directions> element is limited to 140 characters, which can be a challenge for long directions/Sigs. This issue has been addressed in a future version of the SCRIPT Standard, but until that is available for use, below is the recommended approach:

- If the complete Sig cannot be provided in the space allotted, the prescription should be sent in an alternative method (written/phone/etc.).
- Supplemental administration information such as hours of administration do not need to be sent to the pharmacy. It is recommended to send the pharmacy the required directions for the dispensing and labeling of the medication.
- Do not include compounding instructions, diagnosis related information, facility administration details, etc. in the <MedicationPrescribed><Directions> element.

Economizing physician’s directions is extremely important to fit the standard field length. Direction efficiency points include:

- State the verb, such as “Give”, “Instill”, “Inject”, only once.
- State the route of administration only once
- Do not state an indication of use in the <Directions> for routine orders
- On tapering orders, replace “THEN” with “;”
- On tapering orders, state a repeating frequency only once

Prednisone Taper Example:

Long version:

GIVE 6 TABS BY MOUTH EVERY MORNING FOR 4 DAYS THEN GIVE 4 TABS BY MOUTH EVERY MORNING FOR 3 DAYS THEN GIVE 2 TABS BY MOUTH EVERY MORNING FOR 3 DAYS THEN GIVE 1 TAB BY MOUTH EVERY MORNING FOR 3 DAYS THEN GIVE 0.5 TABLETS BY MOUTH EVERY MORNING FOR 4 DAYS

Shortened by using suggested efficiency points:

GIVE BY MOUTH EVERY MORNING AS DIRECTED – 6 TABS FOR 4 DAYS; 4 TABS FOR 3 DAYS; 2 TABS FOR 3 DAYS; 1 TAB FOR 3 DAYS; 0.5 TAB FOR 4 DAYS; STOP

15.4.3 PRESCRIBED QUANTITY AND AUTHORIZED REFILLS

15.4.3.1 FIXED QUANTITY ORDERS

When an order is specified for a particular quantity (e.g., dispense 10 tablets), the <Quantity><CodeListQualifier> is populated with the value 38 (Prescribed Quantity). When this value is used, the <Quantity><Value> element must hold a specific quantity to dispense.

- Example:
 - <Directions> contains “2 tabs daily for 6 days”
 - <Quantity><Value> element contains “12”
 - <PotencyUnitCode> contains “C48542” (code indicating “tablet”)

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Additionally, the <MedicationPrescribed><Refills> element can be used to authorize dispensing of additional refills after the initial quantity is used.

15.4.3.2 PHARMACY DETERMINES QUANTITY ORDERS

SCRIPT Standard Implementation Guide Version 10.6 supports a <Quantity><Qualifier> value of “QS” (Quantity Sufficient) directing the pharmacy to dispense the “quantity sufficient” to support the patient needs according to dosing described in the <Directions> element. When the <Quantity><CodeListQualifier> element is populated with “QS”, <Quantity><Value> must be populated with the value “0”.

Additionally, the <MedicationPrescribed><Refills> composite must be used to authorize dispensing of additional refills after the initial quantity is used, based on the pharmacy’s determination by setting the <Refills><Qualifier> value to “PRN” and <Refills><Value> must not be sent.

15.4.4 ORDER DATE

The <MedicationPrescribed><WrittenDate> is used to communicate the date on which the prescriber ordered the medication.

15.4.5 DELIVERY

The <NeededNoLaterThan> date element can be used to indicate a desired delivery date/time. SCRIPT also has an element in which the reason for the requested delivery timing can be provided. For more information see the SCRIPT Standard Implementation Guide Version 10.6.

If a medication is needed immediately (i.e., is a “Stat” order), the facility should contact the pharmacy by phone to ensure the fastest possible delivery.

15.4.6 DIAGNOSIS

Diagnosis is required for medication administration and should be sent on all electronic medications orders. 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>.

- Only ICD-9 or ICD-10, when mandated, should be used to indicate the diagnosis.
- SNOMED CT diagnosis codes are not supported in SCRIPT 10.6.

15.4.7 PRESCRIPTION-RELATED ALERT/DUR INFORMATION

See section 10.1.10 “DUR Drug Segment” in the SCRIPT Standard Implementation Guide Version 10.6 for more information on the <DrugUseEvaluation> composite.

15.4.8 OTHER PRESCRIPTION-RELATED CLINICAL INFORMATION

The SCRIPT Standard Implementation Guide Version 10.6 new prescription message (NewRx) does not contain elements to convey other clinical information that may be related to a patient prescription (except limited information in the Observation Segment, which has been enhanced in a future version). However, the Census message does enable the facility to share the following patient information with their pharmacy:

- Patient allergy information
- Patient conditions

15.5 CHANGES TO EXISTING ORDERS

The SCRIPT Standard includes elements that can be used to:

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- Link the separate SCRIPT “discontinue” <CancelRx> and “new order” <NewRx> messages used to communicate an order change to the pharmacy.
- Indicate the nature of the order change in the <CancelRx> message that starts the change communication—so that the pharmacy can determine the appropriate action to take. For example, certain order changes may be handled through a modification of the existing prescription record in the pharmacy system, and others may require cancelation of the existing prescription and replacement with a new prescription.

When discontinuing a previously dispensed medication:

- The <Request><ChangeOfPrescriptionStatusFlag> must be set to “D” (Discontinue).
- Both the pharmacy’s prescription number <RxReferenceNumber> and the prescriber system-assigned order number <PrescriberOrderNumber> must be included in the <CancelRx> message.

When canceling a medication order before it has been dispensed by the pharmacy:

- The <Request><ChangeOfPrescriptionStatusFlag> must be set to “C” (Cancel).
- The prescriber system-assigned order number <PrescriberOrderNumber> must be included in the <CancelRx> message.

Refer to section 6.20 “Long Term Care (LTC) Medication Change Process” in the SCRIPT Standard Implementation Guide Version 10.6 for additional details.

16. 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.

16.1 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://ncitterms.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 <http://www.cancer.gov/cancertopics/terminologyresources/page7>. The subsets were created by NCI terminologists to provide smaller sets of concepts for ease of use. The files can be downloaded from <http://evs.nci.nih.gov/ftp1/NCPDP/> or <http://evs.nci.nih.gov/ftp1/NCPDP/About.html>.

Subset files include (but are not limited to): Drug StrengthForm, StrengthUnitOfMeasure, QuantityUnitOfMeasure, DEA Schedule, 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 (<http://evs.nci.nih.gov/ftp1/NCPDP/Archive/>) and the new dated release will be listed on the ftp site (<http://evs.nci.nih.gov/ftp1/NCPDP/>). NCI will also include a file that will show the modifications.

16.1.1 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.

7996 - DEA Schedule (EDI) or NCPDP DEASchedule (XML) Terminology

Definition of Field	Field Format	Standard/Version Formats	Field Limitations
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Definition of Field	Field Format	Standard/Version Formats	Field Limitations
Value defining the DEA schedule of the medication.	an..15	S	Field and values may be used in SCRIPT Standard Version 10.5 or greater but not in lower versions.

Values:

CODE	DESCRIPTION
	<p>NCI Administrative Concept - Research Resource - Information Resource - Terminology Subset - Structured Product Labeling Terminology - Structured Product Labeling DEA Schedule Terminology - <i>Schedule of Controlled Substances</i> (http://bioportal.nci.nih.gov/ncbo/faces/index.xhtml)</p> <p>- NCI Thesaurus)</p> <p>Clarification: NCPDP DEASchedule Terminology – available at http://www.cancer.gov/cancertopics/terminologyresources/page7</p>

C38046	Unspecified	Not Specified
C48672	Schedule I Substance	SPL DEA Schedule I, Schedule I
C48675	Schedule II Substance	SPL DEA Schedule II, Schedule II
C48676	Schedule III Substance	SPL DEA Schedule III, Schedule III
C48677	Schedule IV Substance	SPL DEA Schedule IV, Schedule IV
C48679	Schedule V Substance	SPL DEA Schedule V, ScheduleV

8004 – Final Compound Pharmaceutical Dosage Form (EDI) or NCPDP Drug StrengthForm (XML) Terminology

Definition of Field	Field Format	Standard/Version Formats	Field Limitations
Final compound drug form, in a code. Dosage form code. Pharmaceutical Dosage Form. Qualified by Source Code List (7991).	an..70	S	Field and values may be used in SCRIPT Standard Version 10.7 or greater but not in lower versions.

Values:

CODE	DESCRIPTION
AA	<p>NCI values of Diagnostic, Therapeutic, and Research Equipment - Pharmaceutical Dosage Form (http://bioportal.nci.nih.gov/ncbo/faces/index.xhtml) - NCI Thesaurus) For NCPDP Specific Terminology - source value NCPDP: AA</p> <p>Clarification: NCPDP Drug StrengthForm Terminology - available at http://www.cancer.gov/cancertopics/terminologyresources/page7 For NCPDP Specific Terminology</p>

Used in SCRIPT DRU 170

02	7991 Source Code List	C	an..3
03	8004 Final Compound Pharmaceutical Dosage Form	C	an..70

7992 - Item Form Code (EDI) or NCPDP Drug StrengthForm (XML) Terminology

Definition of Field	Field Format	Standard/Version Formats	Field Limitations
Drug form, in a code. Dosage form code. Pharmaceutical Dosage Form. Qualified by Source Code List (7991).	an..15	S	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 – Drug Form - DRU Segment (X12 DE 1330) in Section III-B.

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Values:

CODE	DESCRIPTION
AA	<p>NCI values of Diagnostic, Therapeutic, and Research Equipment - Pharmaceutical Dosage Form (http://bioportal.nci.nih.gov/ncbo/faces/index.xhtml) - NCI Thesaurus) – source value NCPDP: AA</p> <p>Clarification: NCPDP Drug StrengthForm Terminology - available at http://www.cancer.gov/cancertopics/terminologyresources/page7 For NCPDP Specific Terminology</p>

Used in SCRIPT

DRU-Ø1Ø				
13	7991 Source Code List	C	an..3	
14	7992 Item Form Code	C	an..15	
And				
CPD-Ø1Ø				
Ø6	7991 Source Code List	C	an..3	
Ø7	7992 Item Form Code	C	an..15	

7993 - Item Strength Code (EDI) or NCPDP Drug StrengthUnitOfMeasure (XML) Terminology

Definition of Field	Field Format	Standard/Version Formats	Field Limitations
Drug strength qualifier. Units of Presentation. Qualified by Source Code List (7991).	an..15	S	Field and values may be used in SCRIPT Standard Version 1Ø.5 or greater but not in lower versions. For SCRIPT Standard Versions 5.Ø through 1Ø.4 refer to 1131 – Code List Qualifier – used for Drug Strength Qualifier, 6411 - Measurement Unit Qualifier in Section III-B.

Values:

CODE	DESCRIPTION
AB	<p>NCI values of Units of Presentation (http://bioportal.nci.nih.gov/ncbo/faces/index.xhtml) - NCI Thesaurus) – source value NCPDP: AB</p> <p>Clarification: NCPDP Drug StrengthUnitOfMeasure Terminology - available at http://www.cancer.gov/cancertopics/terminologyresources/page7 For NCPDP Specific Terminology</p>

Used in SCRIPT

DRU-Ø1Ø				
15	7991 Source Code List	C	an..3	
16	7993 Item Strength Code	C	an..15	
And				
CPD Ø1Ø				
Ø8	7991 Source Code List	C	an..3	
Ø9	7993 Item Strength Code	C	an..15	

7995 - Measurement Unit Code (EDI) or NCPDP MeasurementUnitCode (XML) Terminology

Definition of Field	Field Format	Standard/Version Formats	Field Limitations
Basis for measurement code. Units of Presentation. Qualified by Source Code List (7991).	an..15	S	Field and values may be used in SCRIPT Standard Version 1Ø.5 or greater but not in lower versions.

Values:

CODE	DESCRIPTION
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CODE	DESCRIPTION
AD	<p>NCI values of Units of Presentation (http://bioportal.nci.nih.gov/ncbo/faces/index.xhtml) - NCI Thesaurus) – source value NCPDP: AB</p> <p>Clarification: NCPDP MeasurementUnitCode Terminology - available at http://www.cancer.gov/cancertopics/terminologyresources/page7 For NCPDP Specific Terminology</p>

Used in SCRIPT

OBS-Ø1Ø

Ø7	7991 Source Code List	C	an..3
Ø8	7995 Measurement Unit Code	M	an..15

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.

7994 - Potency Unit Code (EDI) or NCPDP QuantityUnitOfMeasure (XML) Terminology

Definition of Field	Field Format	Standard/Version Formats	Field Limitations
Unit of measure. Potency Unit. Qualified by Source Code List (7991).	an..15	S	Field and values may be used in SCRIPT Standard Version 1Ø.5 or greater but not in lower versions. For SCRIPT Standard Versions 5.Ø through 1Ø.4 refer to 1131 – Code List Qualifier – used for 6Ø63 - Quantity Qualifier (X12 DE 355) in Section III-B.

Values:

CODE	DESCRIPTION
AC	<p>NCI values of Property or Attribute - Unit of Measure - Unit of Category - Potency Unit (http://bioportal.nci.nih.gov/ncbo/faces/index.xhtml) - NCI Thesaurus) – source value NCPDP: AC</p> <p>Clarification: NCPDP Drug QuantityUnitOfMeasure Terminology - available at http://www.cancer.gov/cancertopics/terminologyresources/page7 For NCPDP Specific Terminology</p>

Used in SCRIPT

DRU Ø2Ø

Ø4	7991 Source Code List	M	an..3
Ø5	7994 Potency Unit Code	M	an..15

And

CPD Ø2Ø

Ø3	7991 Source Code List	M	an..3
Ø4	7994 Potency Unit Code	M	an..15

7991 - Source Code List (NCPDP source list values noted above)

Definition of Field	Field Format	Standard/Version Formats	Field Limitations
Code identifying the source organization.	an..3	S	Field and values may be used in SCRIPT Standard Version 1Ø.5 or greater but not in lower versions. For SCRIPT Standard Versions 5.Ø through 1Ø.4 refer to 1131 – Code List Qualifier – Drug Form - DRU Segment (X12 DE 133Ø), 1131 – Code List Qualifier – used for Drug Strength Qualifier, 6411 - Measurement Unit Qualifier,, and 1131 – Code List Qualifier – used for 6Ø63 - Quantity Qualifier (X12 DE 355) in Section III-B.

Values:

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CODES	DESCRIPTION
AA	NCI values of Diagnostic, Therapeutic, and Research Equipment - Pharmaceutical Dosage Form (http://bioportal.nci.nih.gov/ncbo/faces/index.xhtml) - NCI Thesaurus) For NCPDP Specific Terminology Clarification: NCPDP Drug StrengthForm Terminology - available at http://www.cancer.gov/cancertopics/terminologyresources/page7 For NCPDP Specific Terminology
AB	NCI values of Units of Presentation (http://bioportal.nci.nih.gov/ncbo/faces/index.xhtml) - NCI Thesaurus) For NCPDP Specific Terminology Clarification: NCPDP Drug StrengthUnitOfMeasure Terminology - available at http://www.cancer.gov/cancertopics/terminologyresources/page7 For NCPDP Specific Terminology
AC	NCI values of Property or Attribute - Unit of Measure - Unit of Category - Potency Unit (http://bioportal.nci.nih.gov/ncbo/faces/index.xhtml) - NCI Thesaurus) For NCPDP Specific Terminology Clarification: NCPDP Drug QuantityUnitOfMeasure Terminology - available at http://www.cancer.gov/cancertopics/terminologyresources/page7 For NCPDP Specific Terminology
AD	Add NCPDP MeasurementUnitCode Terminology - available at http://www.cancer.gov/cancertopics/terminologyresources/page7 For NCPDP Specific Terminology Was added in SCRIPT 2011 and above.

16.2 SCRIPT VERSION 10.6 AND ECL VERSION RECOMMENDATION

For SCRIPT 10.6, trading partners may use any External Code List (ECL) version starting with 10/2008 as an industry recommendation. Existing 10.6 data elements may have had additional values added in newer ECL versions to address business needs.

These values may not have not been added to the 10.6 schema to “freeze” the schema, but were added in future versions of the SCRIPT schema to the ecl.xsd. These values are allowed for use in 10.6 as appropriate to the data element and the business case, should trading partners choose to use this functionality.

Note, if testing with the NIST validation tool, see the NIST ECL allowable list and testing guidance.

Note, the ECL has undergone publication changes in 2010 as the “EDI” syntax of SCRIPT was sunsetted and the “XML” syntax is the only syntax supported. ECLs from this timeframe forward only reflect the XML elements. If the values for an “EDI” field is sought, earlier versions of the ECL should be used that contain the “EDI” field reference.

17. NEXT VERSION OF SCRIPT

Next Version of SCRIPT Implementation Planned

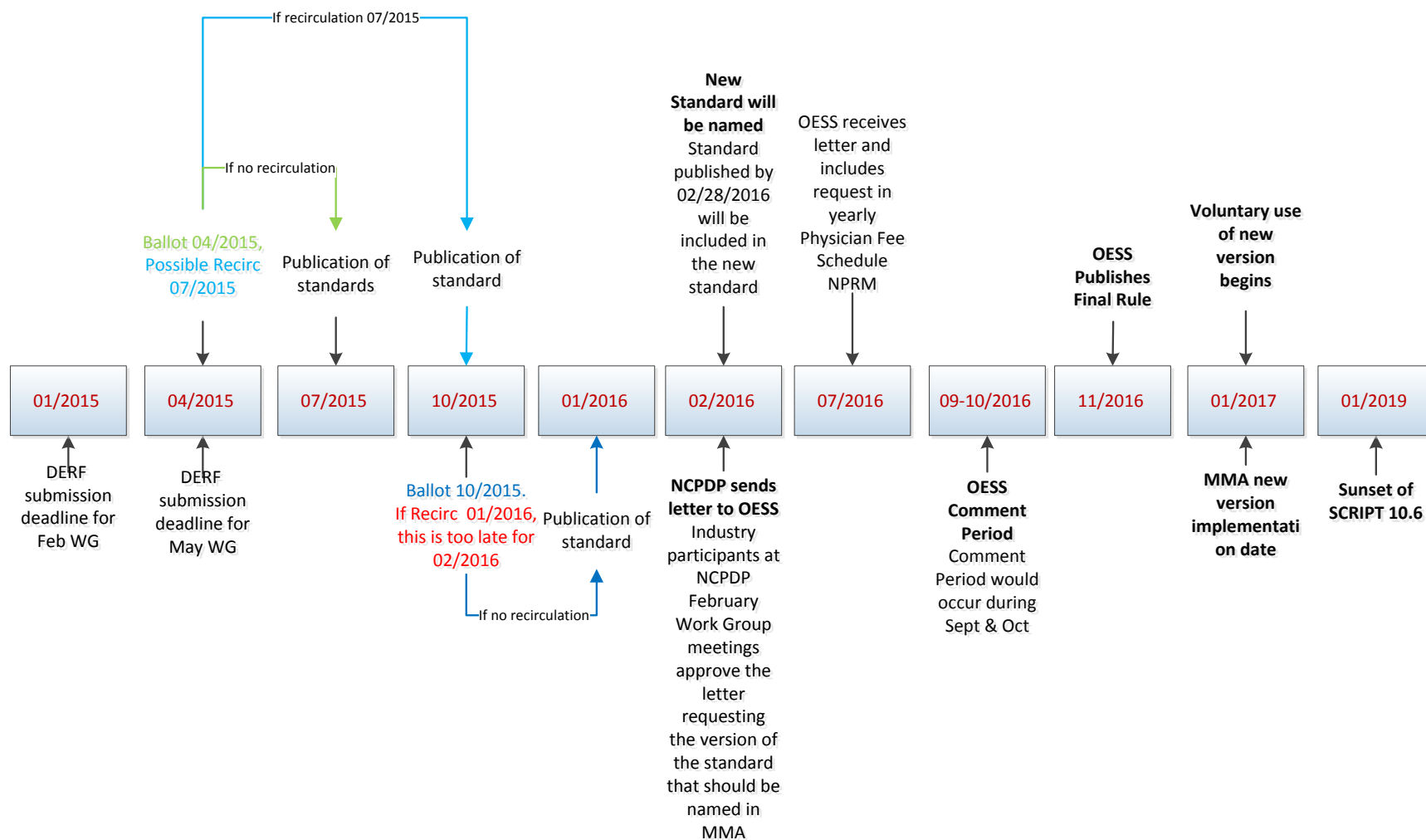
During the November 2014 NCPDP Work Group meetings, WG11 and WG14 jointly discussed the timeline for moving to the next version of the SCRIPT Standard under the Medicare Modernization Act (MMA) regulatory process. On the WG11 and WG14 work group pages on the NCPDP website in Members Only (<http://www.ncdp.org/members/Work-Group.aspx?ID=wg11> or <http://www.ncdp.org/members/Work-Group.aspx?ID=wg14>), in the November zip file of materials, are three documents

- Changes since SCRIPT 10.6
- Timeframe Considerations
- New Standard Process

The New Standard Process document was updated and the attendees then discussed and agreed to this new time frame as a recommended timeline for the regulatory process. Please note the Data Element Request Forms (DERFs) need to be submitted for the February 2015 Work Group meetings to be considered for the next version to be requested to be named in MMA. When the November WG11 minutes are published, they can be referenced for detailed discussion of the topic.

The industry is preparing for this timeline.

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See <http://www.ncdp.org/Resources/ePrescribing> for future reference.

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18. MODIFICATIONS TO THIS DOCUMENT

18.1 VERSION 1.1

The document was enhanced to include editorial corrections and clarifications to the NCPDP SCRIPT Implementation Guide documents.

18.2 VERSION 1.2

The section "[RxNorm Guidance for SCRIPT](#)" was added.

18.3 VERSION 1.3 AUGUST 2010

The section "[Controlled Substance Prescriptions](#)" was added.

The section "[Brand Medically Necessary for Medicaid Prescriptions](#)" was added.

The section "[External Code List Assistance](#)" was added.

18.4 VERSION 1.3 SEPTEMBER 2010

The section "[Controlled Substance Prescriptions](#)" was clarified to name the exact EDI fields. It was also clarified to remove a reference to the COO Segment that was confusing and added verbiage.

Earliest Fill Date (For scheduled IIs)

Use Effective Date – DRU-040 (in EDI) or <EffectiveDate> (in XML)

~~This date is only used on Medication History Messages in the COO Segment for the starting date of the query. In the future we will add a new date for Earliest Fill Date.~~

To

Earliest Fill Date (For scheduled IIs)

Use Date/Time Period Qualifier - DRU-040-I006-01-2005 with value

07	Effective Date (Begin)
----	------------------------

With the appropriate Date/Time/Period – DRU-040-I006-02-2380 (in EDI)

or <EffectiveDate> (in XML)

Note: DRU-040 Date occurs up to 5 times in SCRIPT 8.1 and up to 9 times in SCRIPT 10.6, so multiple occurrences are supported for NewRx requirements.

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18.5 VERSION 1.4

Additional guidance was added in the section "[Medications Source Vocabulary for Certification Testing](#)".

18.6 VERSION 1.5

Section "[Diagnosis Primary](#)" was added to "Editorial Modifications", subsection "XML Modifications".

18.7 VERSION 1.6

Clarifications were added to section "[RxNorm Guidance for SCRIPT](#)" charts to identify the specific fields/elements.

18.8 VERSION 1.7

Section "[SigSequencePositionNumber](#)", "[PotencyUnitCode or QuantityUnitOfMeasure](#)", "[SoldDate](#)" were added to "Editorial Modifications", subsection "XML Modifications".

18.9 VERSION 1.8

Section "[AdverseEvent](#)" was updated to correct the error for SCRIPT XML 1.0.6 and then in 1.0.11 and above

18.10 VERSION 1.9

In SCRIPT Version 2.0.1.0.121, support for clarification of WrittenDate was added. While this is effective with Version 2.0.1.0.121, the guidance is important for all versions. See section "[Discussion of Written Date](#)" for an overview.

18.11 VERSION 1.10

Section "[International Unite](#)" was added.

Section "[ResponsibleParty](#)" and "[SourceQualifier](#)" were added under "XML Modifications".

18.12 VERSION 1.11

Section "[Implementation Guide Clarifications](#)" was added.

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18.13 VERSION 1.12

Section "[Prescription Schedules](#)" was added.

18.14 VERSION 1.13

Section "[Use of Diagnosis Code](#)" was added.

Section "[RxHistoryRequest and Response - <Prescriber> and <Pharmacy>](#)" was added.

18.15 VERSION 1.14

A clarification was made in section "[Prescription Requirements](#)", subsection "[SCRIPT 10.6](#)" and subsection "[SCRIPT 10.10](#)" to usage of the SIG Segment. The Designation was clarified from "Mandatory or SIG Segment" to "Mandatory." "Optional use of the SIG Segment".

18.16 VERSION 1.15

Section "[<Patient> Fields Order](#)" was added under "XML Modifications".

18.17 VERSION 1.16

Section "[Specific Transaction Discussion](#)" was added with subsection "[Last Fill Date on a Refill Request](#)".

Subsection "[Time Format](#)" was added to "[Implementation Guide Clarifications](#)". Section "[Clarification of UIT Fields](#)" was added. Section "[COO Segment](#)" was added, with subsection "[Clarification of Cardholder ID \(COO- 04-I001-01-1154\) Designation](#)" added.

Section "[SCRIPT Version 10.6 and ECL Version Recommendation](#)" has been added.

18.18 VERSION 1.17

Section "[<PasswordRequestType> as a Choice](#)" was added under "XML Modifications".

18.19 VERSION 1.18

In section "[Editorial Modifications](#)", a new subsection of "[XML Standard Modifications](#)" was added.

Subsection "[CoAgentIDQualifier](#)" was added to section "[Implementation Guide Clarifications](#)".

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Subsection “[ApprovedWithChangesType](#)” was added.

Section “[RxNorm Guidance for SCRIPT](#)” was updated. Revisions are marked below. Question “[Prescribed Medication Information on a Refill Request](#)” was added.

Refill Request	MedicationPrescribed	<p>RxNorm should echo back what came in on the NewRx – but it may not exist in (<DrugDBCode> <DrugDBCodeQualifier>) or (DRU-010-1013-08-1154 Reference Number and DRU-010-1013-09-1153 Reference Qualifier).</p> <p>NDC should echo back what came in the NewRx - but it may not exist in (<ProductCode> and <ProductQualifier>) or (DRU- 010-1013-03-7140 Item Number and DRU-010-1013-04-3055 Code List Responsibility Agency).</p> <p>Name should echo back what came in the NewRx <DrugDescription> (or DRU-010-1013-02-7008, 10, 11, 12 Item Description)</p> <p>Name should echo back pharmacist’s interpretation of what came in the NewRx <DrugDescription> (or DRU-010-1013-02-7008, 10, 11, 12 Item Description)</p>	<p>Prescriber should use RxNorm or NDC to find original Rx prescribed.</p> <p>This will allow the prescriber to evaluate whether the initial order was interpreted correctly and take appropriate actions if it was not.</p>
RxFill Request	MedicationPrescribed	<p>RxNorm should echo back what came in on the NewRx – but it may not exist in (<DrugDBCode> <DrugDBCodeQualifier>) or (DRU-010-1013-08-1154 Reference Number and DRU-010-1013-09-1153 Reference Qualifier).</p> <p>NDC should echo back what came in the NewRx if known but NDC or RxNorm may not exist in (<ProductCode> and <ProductQualifier>) or (DRU- 010-1013-03-7140 Item Number and DRU-010-1013-04-3055 Code List Responsibility Agency).</p> <p>NDC should echo back pharmacist’s interpretation of what came in the NewRx if known but NDC or RxNorm may not exist in (<ProductCode> and <ProductQualifier>) or (DRU- 010-1013-03-7140 Item Number and DRU-010-1013-04-3055 Code List Responsibility Agency).</p>	<p>RxNorm used for reference. NDC used for reference.</p> <p>This will allow the prescriber to evaluate whether the initial order was interpreted correctly and take appropriate actions if it was not.</p>
RxChange Request - for TI and GS	Medication Prescribed	<p>RxNorm should be sent if known in (<DrugDBCode> <DrugDBCodeQualifier>) or (DRU-010-1013-08-1154 Reference Number and DRU-010-1013-09-1153 Reference Qualifier).</p> <p>The transaction shall echo back the medication as sent in the original transaction.</p> <p>The transaction shall echo back the pharmacist’s interpretation of the</p>	<p>Prescriber may use RxNorm for reference.</p> <p>This will allow the prescriber to evaluate whether the initial order was interpreted correctly and take appropriate actions if it was not.</p>

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		medication as sent in the original transaction.	
RxChange Request for PA	Medication Prescribed	<p>RxNorm should be sent if known in (<DrugDBCode> <DrugDBCodeQualifier>) or (DRU-010-1013-08-1154 Reference Number and DRU-010-1013-09-1153 Reference Qualifier).</p> <p>The transaction shall echo back the medication as sent in the original transaction.</p> <p>The transaction shall echo back the pharmacist's interpretation of medication as sent in the original transaction.</p>	<p>Prescriber should use RxNorm for reference.</p> <p>This will allow the prescriber to evaluate whether the initial order was interpreted correctly and take appropriate actions if it was not.</p>
RxHistory Response	MedicationPrescribed	<p>RxNorm should be sent if known in (<DrugDBCode> <DrugDBCodeQualifier>) or (DRU-010-1013-08-1154 Reference Number and DRU-010-1013-09-1153 Reference Qualifier).</p> <p>The transaction shall echo back the medication as sent in the original transaction.</p> <p>The transaction shall echo back the pharmacist's interpretation of the medication as sent in the original transaction.</p>	<p>Prescriber may use this for reference.</p> <p>This is needed to identify the medication that the patient was actually taking and that will be of importance in determining treatment.</p>

18.20 VERSION 1.19

In section “[Editorial Modifications](#)”, a typographic error was noted in “[<AddressTypeQualifier>](#)”. Section “[Multiple Repetitions of the DRU Segment](#)” was added. Section “[Status in Response to Error](#)” was added to “[XML Standard Modifications](#)”.

An important correction was made in section “[Editorial Modifications](#)”, “[<Substitutions>](#)” for External Code List values. It is also referenced in section “[Implementation Guide Clarifications](#)”.

Section “[Recommendations for Consistent Use of Drug Identification Fields Used in SCRIPT Transactions](#)” was added.

The paragraph “The SCRIPT fields used to identify the drug product have evolved....” was added to section “[Implementation to the SCRIPT Standard](#)”. In this same section under “[Recommendation](#)” the second item “The NABP Model Act recommends....” was added to each version.

18.21 VERSION 1.20

Subsection “[Transmission Examples](#)” was added to section “[Editorial Modifications](#)” subsection “[Implementation Guide Clarifications](#)” with a typographical error found in examples for NCPDP Drug Dosage Form for “Aerosol, Metered”.

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In section “*Editorial Modifications*”, “*XML Standard Modifications*” annotations were clarified for the Status, Verify, and Error transactions in section “[Status, Error, and Verify Annotation Clarifications](#)”.

Section “[Proper Use of Days Supply](#)” was added.

18.22 VERSION 1.21

Subsection “*Transmission Examples*” “[Example 6 Refill](#)” was added.

Subsection “[Lower and Upper Bound Comparison Operators](#)” was added.

18.23 VERSION 1.22

In section “*Editorial Modifications*”, subsection “*XML Modifications*” and section “*External Code List Clarifications*” a typographical error was noted in subsection “[PACodedReferenceCode](#)”. Also added “[AdditionalFreeTextIndicator](#)” section.

Section “[Best Practices for the Use of Medication <Note> \(or Free Text\)](#)”, subsection “[Coupon Information Exchange](#)” and “[Recommendations for Electronic Prescribing in Pediatrics](#)” were added to section “*Prescription Requirements*”.

Section “[CancelRx](#)” was added to “*Specific Transaction Discussion*”.

Section “[Observation Segment Examples in SCRIPT 10.6](#)” was added.

18.24 VERSION 1.23

In section “[Proper Use of Days Supply](#)”, the statement “The value 0 should not be sent.” was added to item 3.

Section “[Recommendations for Electronic Prescribing in Pediatrics](#)” added the Recommendation section after the table.

18.25 VERSION 1.24

Section “[Example 33. Prior Authorization Denial and Appeal Correction](#)” was added to “*Editorial Modifications*”.

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18.26 VERSION 1.25

Section “[Editorial Modifications](#)” subsection “XML Modifications” subsection “[<RelatesToMessageID> in Electronic Prior Authorization Examples](#)” was added.

Section “[Editorial Modifications](#)” subsection “Implementation Guide Clarifications” subsection “[<RelatesToMessageID> in Electronic Prior Authorization Examples](#)” was added.

18.27 VERSION 1.26

Subsection “[CancelRx and CancelRxResponse Recommendations](#)” was added to section “[Specific Transaction Discussion](#)”.

Section “[Discussion of WrittenDate](#)” was updated.

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

It is recommended that transmission of the NewRx should be within 72 hours of the <WrittenDate>, with exceptions for state/federal regulations timeframe requirements. <WrittenDate> must precede or be equal to the transmission date. For future dating, see <EffectiveDate>.

<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.

Section “[RxFill Recommendations](#)” was added.

Question “[How Should the Drug Description field be Populated in Electronic Messages?](#)” was added to section “[Frequently Asked Questions](#)”.

Section “[Recommendations for Electronic Prescribing in Pediatrics](#)” updated the Recommendation section after the table to change from “new or renewal prescriptions” to “prescriber-initiated transactions for prescriptions”.

A typographical correction was made to the RxHistoryResponse. See section “[RxHistoryResponse <Medication> Choice](#)”.

A typographical correction was noted to <DigestValue> in section “[<DigestValue> Correction](#)”.

18.28 VERSION 1.27

Section “[Quantity Qualifier Recommendations for Electronically Created Prescriptions](#)” was added. Implementers should be aware and planning for the implementation timeframe.

Section “[Assistance with the Use of SCRIPT version 10.6 in the Long Term and Post Acute Care Settings](#)” was added.

Section “[RefillResponse with Drug Name Different](#)” was added under “*Specific Transaction Discussion*”.

“[What is a Representative NDC?](#)” was clarified to add:

A representative NDC is not intended to infer specificity or preference to the imbedded 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.**

Section “[Recommendations for ePrescribing Best Practices of Patient Height, Weight, Contact, Insurance, and Diagnosis Information](#)” was added to section “*Prescription Requirements*”.

18.29 VERSION 1.28

See section “[<ItemNumber> in <CompoundIngredient>](#)”.

A reference was also added to the Structured and Codified Sig Implementation Guide v1.2. See section “[Purpose](#)”.

18.30 VERSION 1.29

Section “[Next Version of SCRIPT](#)” was added.

Section “[Prescription Requirements](#)” subsections dealing with the Model Pharmacy Act have been updated with the August 2014 Act verbiage which was updated:

Section 3. Prescription Drug Order Processing.

(a) Prescription Drug Order

A Prescription Drug Order shall contain the following information at a minimum:

- (1) full name, **date of birth**, and street address of the patient;
- (2) name, **prescribing Practitioner’s license designation**, address, and, if required by law or rules of the Board, DEA registration number of the prescribing Practitioner;

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- (3) date of issuance;
 - (4) name, strength, dosage form, and quantity of Drug prescribed;
 - (5) directions for use;
 - (6) refills authorized, if any;
 - (7) if a written Prescription Drug Order, prescribing Practitioner's signature;
 - (8) if an electronically transmitted Prescription Drug Order, prescribing Practitioner's electronic or digital signature;
 - (9) if a hard copy Prescription Drug Order generated from electronic media, prescribing Practitioner's electronic or manual signature.
- For those with electronic signatures, such Prescription Drug Orders shall be applied to paper that utilizes security features that will ensure the Prescription Drug Order is not subject to any form of copying and/or alteration.

Section "[EHR and Prescribing System Vendors](#)" clarified the Quantity Qualifier code value C38406 (Unspecified) to add

- Translation is the mapping process used when either converting between different versions of SCRIPT Standard, or when adopting these recommendations for the code set migration.
 - C64933 (Each) is only to be used for conveying specific units that do not meet the recommendations criteria identified, such as:
 - Measured in volume or weight
 - Translated value is not available within the current version of NCIt.
 - Items without specific values in the current version of NCIt that would be expected to be measured in units of one/each
 - Examples: DME supplies, such as canes, wheel chairs, various braces or orthotics, etc. and other one-offs, such as a new device without a current NCIt value

Section "[General Recommendations](#)" was added with question "*ePrescribing Best Practices When the Prescriber Will Not Have a Continued Relationship With the Patient*".

Section "[Implementation of Structured & Codified Sig](#)" was added.

Section "[Electronic Prior Authorization \(ePA\) Guidance](#)" was added with the questions "[Closed in PAInitiationResponse](#)" and "[Response to PA Request Transactions](#)".

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