



Canonical Guide

NCPDP Script Version 8.1

HIE Version 1.2



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1. INTRODUCTION

1.1 Overview

E-prescribing is simply an electronic way to generate prescriptions through an automated data-entry process utilizing e-prescribing software and a transmission network which links to participating pharmacies. The NCPDP SCRIPT standard is created to facilitate the transfer of prescription data between prescribers, intermediaries, pharmacies and payers. The current standard supports messages regarding new prescriptions, refill requests, refill response, prescription changes, prescription fill status notification, prescription cancellation, verification, status, error, medication history, and many similar transactions.

1.2 Scope

This Canonical Guide defines the E-prescribing method with respect to NCPDP Script version 8.1. During Phase I, we would be covering four message types. As such, this Canonical Guide is unique to OneHealthPort. The chapter consists of three sections:

- a general section explaining process flow and the message types which would be covered.
- section outlining specific data format or content within the message types for version 8.1.
- a sample scenario of a Transaction that is illustrated as both a data string and mapped transaction

2. PROCESS FLOW

2.1 Actors

Prescribers, intermediaries, pharmacies and payers

2.2 Assumptions

- Infrastructure is in place to allow correct information exchange between partner systems.
- For phase I, we would be implementing four message types – NEWRX, REFREQ, REFRES and RXFILL scripts.
- Privacy and security has been implemented at an acceptable level.
- All participants agree to all standards, methodologies and security.

2.3 High Level Process Flow

Pharmacy Tasks	Prescriber Tasks	Entities Task (pharmacy, prescriber, intermediary, payer/health plan)
<ul style="list-style-type: none"> • initiate a request for a refill • initiate a request for a change to a new prescription • initiate a request for a password change • initiate a notification of a dispensed, not dispensed, or partially dispensed prescription • initiate a response to a cancel prescription request • initiate a request for a medication history to a prescriber • initiate a request for a medication history to a payer or other entity 	<ul style="list-style-type: none"> • initiate a request for a new prescription • initiate a response to a refill request from a pharmacy • initiate a response to a prescription change request • initiate a request for a password change • initiate a request to cancel a prescription that has already been transmitted • initiate a request for a medication history to a pharmacy • initiate a request for a medication history to a payer • notify the pharmacy about census events (acting as a facility in a long term care environment) • modify the prescription order and notify the pharmacy (in long term care environments) • send a refill request from a facility to a pharmacy • notify an entity of a medication event for a medication dispensed and administered • notify an entity of a sample medication 	<ul style="list-style-type: none"> • request medication history from another entity • provide medication history

2.4 Message Types for Phase I

- **NEWRX** - This message type is a new prescription from the doctor to the pharmacy. It involved the new prescription transaction which is used to send a new prescription from a prescriber to a pharmacy for a patient. It can also be used to designate a free/discounted “sample” transaction by including the sample coupon number.
- **REFREQ** - This indicates a message from the pharmacy to the prescriber requesting additional refills. It involves refill prescription request transaction which is used for the purpose of requesting approval for additional refills of a prescription beyond those originally prescribed.
- **REFRES** - This indicates that the message within the envelope is a RX Authorization from the prescriber to the pharmacy. A REFRES is the response to a request for additional refills (REFREQ). It involves the refill prescription response transaction which is used to respond to a refill prescription request message. The purpose of the refill prescription response transaction is for the prescriber to allow the pharmacist to provide a patient with additional refills or to decline to do so.
- **RXFILL** - This message is sent to the prescriber from the pharmacy and indicates the status of the prescriptions dispensing (dispensed, partially dispensed, not dispensed). It involves the prescription fill status notification transaction which is sent from the pharmacy to the prescriber to notify the prescriber of the dispensing status of a prescription.

3. STRUCTURE

3.1 Definition of Terms

The terms used in this document are listed below:

- **Function** - a logical operation performed using one or more transactions. A business function is a function that has business effect. An operational function has effect that is not directly business related, but is used to implement the system.
- **Transmission** - a transmission is an operation consisting of two messages, a request message and a response message.
- **Transaction** - in this context, another word for message. A transaction may be a request or a response. Transactions take place within Transmissions.
- **Message** - a unit of information that is passed from one entity to another. An ordered series of characters intended to convey information. A receiver of a message must receive the complete message prior to taking action on the message. Also called a transaction.
- **Segment** - an identified logical or technical portion of a message. A message consists of multiple segments.
- **Composite Data Element** - a portion of a segment representing connected or related information and made up of two or more data elements. A data element containing two or more component data elements.
- **Data Element** - a field within a composite data element. A unit of data which, in a certain context, is considered indivisible; a single data element value.

3.2 General Structural Notes

SCRIPT utilizes UN/EDIFACT syntax requirements and standard UN/EDIFACT and ASC X12 data tables where possible.

Segment Elements

Note:

M = Mandatory

C = Conditional

CM = Conditional Mandatory (the composite is Conditional, but if the composite is used, the field within is Mandatory)

N = Not Used

UNA SERVICE STRING ADVICE

The UNA segment is a fixed length segment. The recommended values of each separator are defined below, but there can be trading partner agreements that require other values. The values defined below are in decimal representation with the Hex value in parenthesis.

EDI Field Number	Field Name	Values	Required	Comments
000-S019-01-0013	Segment Code	UNA	M	
010-01	Component Data Element Separator	28 (1C)	M	
010-02	Data Element Separator	29(1D)	M	
010-03	Decimal Notation	46(2E)	M	
010-04	Release Indicator	32(20)	M	
010-05	Repetition Separator	31(1F)	M	
010-06	Segment Separator	30(1E)	M	

UIB INTERACTIVE INTERCHANGE CONTROL HEADER

EDI Field Number	Field Name	Values	Required	Comments
000-S019-01-0013	Segment Code	UIB	M	
010-S001-01-0001	Syntax identifier	UNOA	M	
010-S001-02-0002	Syntax version Number	0	M	
030-S303-01-0306	Transaction control reference		M	This reference is generated from the initial sender.
030-S303-02-0303	Initiator reference identifier		C	
030-S303-03-0051	Controlling agency, coded		C	
060-S002-01-0004	Interchange Sender - Sender identification - level one		M	Values: NCPDP Provider ID Number, Clinic ID, Prescriber ID, Mailbox ID, Mutually Defined
060-S002-02-0007	Level one identification code qualifier		M	Values: P = Pharmacy C = Clinic M = Mailbox D = Prescriber ZZZ = Mutually Defined
060-S002-03-0008	Sender identification - level two		C	Sender's password to the recipient's system.
060-S002-04-0040	Sender identification - level three		C	secondary level of identification of the sender
070-S003-01-0010	Interchange Recipient - Recipient ID - level one		M	Values: NCPDP Provider ID Number

				Clinic ID Prescriber ID Mailbox ID Mutually Defined
070-S003-02-0007	Level one identification code qualifier		M	Values: P = Pharmacy C = Clinic M = Mailbox D = Prescriber ZZZ = Mutually Defined
70-S003-03-0014	Interchange Recipient - Recipient ID - level two		C	secondary identification of the recipient
070-S003-04-0044	Interchange Recipient - Recipient ID - level three		C	tertiary identification of the recipient.
080-S300-01-0017	Date of initiation		C	Format: CCYYMMDD
080-S300-02-0114	Event Time		C	Format: HHMMSS,S
100-0035	Test Indicator		C	Indicates whether the transaction is test or live.

REQ REQUEST SEGMENT

EDI Field Number	Field Name	Values	Required	Comments
000-S019-01-0013	Segment code	REQ	M	
010-4343	Message Function, coded		C	Used in Prescription Change Request transactions, to request a change to the original new prescription.
020-1131	Code List Qualifier		C	Used to request return receipt. 1 = Return Receipt Requested all other values = no return receipt requested
030-1154	Reference Number		C	Transaction Key.
040-0008	Sender Identification - level two		C	Old Password.
050-0008	Sender Identification - level two		C	New Password.

RES RESPONSE SEGMENT

EDI Field Number	Field Name	Values	Required	Comments
000-S019-01-0013	Segment code	RES	M	
010-4343	Response Type, Coded		M	Response code used in certain transaction responses A = Approved D = Denied C = Approved with changes N = Denied, new prescription to follow. Note: Value "N" is used in REFRES transactions only.
020-1131	Code List Qualifier		C	Codes used in response messages by the ultimate receiver. May occur up to 10 times.
030-1154	Reference Number		C	Transaction Key.
040-4440	Free Text		C	

STS STATUS SEGMENT

EDI Field Number	Field Name	Values	Required	Comments
000-S019-01-0013	Segment Code	STS	M	
010-9015	Status Type, coded		M	Codes used to relay successful or rejected communications.
020-1131	Code List Qualifier		C	Reject Codes used by responder who takes responsibility for transaction.
030-4440	Free Text		C	

PVD PROVIDER SEGMENT

This segment may occur three times. One occurrence is prescriber and one is pharmacist and one occurrence may be the supervisor. Supervisor information may be needed based upon state law. A supervisor is the supervising physician under whose authority the prescription is being prescribed by the primary care provider.

EDI Field Number	Field Name	Values	Required	Comments
000-S019-01-0013	Segment code	PVD	M	RXHREQ, RXHRES: PVD Segment is required if requestor or recipient is a pharmacy or prescriber.
010-4705	Provider Coded		C	
020-I001	Reference Number		C	
020-I001-01-1154	Reference Number		CM	
020-I001-02-1153	Reference Qualifier		C	
040-I007-01-4709	Agency Qualifier, coded		CM	Not used for Pharmacy
040-I007-02-4707	Provider Specialty, coded		CM	Not used for Pharmacy
050-I002	Name		C	The name of the prescriber or pharmacist or supervisor.
050-I002-01-3036	Party Name		C	Last name of the prescriber or pharmacist or supervisor.
050-I002-02-3702	First Name		C	
050-I002-03-3704	Middle Name		C	
050-I002-04-3706	Name Suffix		C	
050-I002-05-3708	Name Prefix		C	
070-3036	Party Name		C	The clinic or pharmacy name in one field.
080-I004	Address		C	
080-I004-01-3042	Street and Number/P.O. Box		C	
080-I004-03-3229	Country Sub-entity identification		C	
080-I004-04-3251	Postcode Identification		C	ZIP code of the pharmacy or prescriber. Use the format 99999 or 999999999. Is not to include hyphen (-).
080-I004-05-3227	Place/Location Qualifier		C	
080-I004-06-3224	Place/Location		C	
090-I016	Communication Number		C	
090-I016-01-3148	Communication Number		C	Pharmacy or prescriber telephone number or other contact number.
090-I016-02-1131	Code List Qualifier		C	
100-I002	Name		C	
100-I002-01-3036	Party Name		C	Last name of the Designated Agent.
100-I002-02-3702	First Name		C	
100-I002-03-3704	Middle Name		C	
100-I002-04-3706	Name Suffix		C	
100-I002-05-3708	Name Prefix		C	

PTT Patient Segment

EDI Field Number	Field Name	Values	Required	Comments
000-S019-01-0013	Segment code	PTT	M	
010-9701	Individual Relationship, coded		C	Defines the relationship of patient to cardholder.
020-2700	Century Date		C	Birth Date of patient. Format: CCYYMMDD
030-I002	Name		M	
030-I002-01-3036	Party Name		C	Last name of the patient.
030-I002-02-3702	First Name		C	
030-I002-03-3704	Middle Name		C	
030-I002-04-3706	Name Suffix		C	
030-I002-05-3708	Name Prefix		C	
040-9703	Gender, coded		C	Values: M = Male F = Female U = Unknown
050-I001-01-1154	Reference Number		M	The patient identification field which is qualified by the Reference Qualifier below.
050-I001-02-1153	Reference Qualifier		C	Pharmacy or Prescriber's Patient ID
060-I004	Address		C	
060-I004-01-3042	Street and Number/P.O. Box		C	
060-I004-02-3164	City Name		C	
060-I004-03-3229	Country Sub-entity identification		C	
060-I004-04-3251	Postcode Identification		C	ZIP code of the patient. Use the format 99999 or 999999999. Is not to include hyphen (-).
060-I004-05-3227	Place/Location Qualifier		C	
060-I004-06-3224	Place/Location		C	
070-I016-01-3148	Communication Number		C	Patient contact number.
070-I016-02-1131	Code List Qualifier		C	Code List Qualifier

COO Coordination of Benefits Segment

EDI Field Number	Field Name	Values	Required	Comments
000-S019-01-0013	Segment code	COO	M	
010-I001-01-1154	Reference Number		CM	Payer ID
010-I001-02-1153	Reference Qualifier		C	Qualifier identifying the Reference Number. Primary payer information, if used, must be in first loop. Secondary payer information, if used, must be in second loop. Tertiary payer information, if used, must be in third loop.
02-3036	Party Name		C	Payer name
04-I001-01-1154	Reference Number		CM	Cardholder ID
05-3036	Party Name		C	Cardholder name
06-1154	Reference Number		C	Group ID
07-3036	Party Name		C	Group name (not used)
08-I004	Address		C	Composite for Payer's address (not used).
09-I006-01-2005	Date/Time Period Qualifier		C	Repeats 2. 1st occurrence is the beginning date for the desired history 2nd occurrence is the end

09-I006-02-2380	Date/Time/Period		C	For RXHREQ: 07 = Effective Date (Begin) – of needed history 36 = Expiration date - of needed history
09-I006-03-2379	Date/Time/Period Format Qualifier		C	
110-I004	Address		C	Composite for Cardholder's address (not used).
130-4711	Condition/Response, coded		C	Patient Consent Indicator
140-7886	Patient Identifier		C	Payer assigned Unique Member ID.

DRU Drug Segment

EDI Field Number	Field Name	Values	Required	Comments
000-S019-01-0013	Segment code	DRU	M	
010-I013-01-7009	Item Description Identification		M	Definition of the loop of the DRU segment. Values: P = Prescribed D = Dispensed R = Requested
010-I013-02-7008	Item Description		M	Drug name, mandatory Is the self-contained full drug name, strength, and form. May be abbreviated to fit the information in 35 or less bytes.
010-I013-03-7140	Item Number		C	Drug number REFREQ and RXCHG – whenever possible, send the Drug number.
010-I013-04-3055	Code List Responsibility Agency		C	
010-I013-05-1131	Code List Qualifier		C	
010-I013-06-4440	Free Text		C	
010-I013-07-1131	Code List Qualifier		C	
010-I013-08-1154	Reference Number		C	
010-I013-09-1153	Reference Qualifier		C	Code value to define the reference number.
010-I013-10-7008	Item Description		C	Drug name, conditional.
010-I013-11-7008	Item Description		C	Drug name, conditional
010-I013-12-7008	Item Description		C	Drug name, conditional
020-I009	Quantity Composite		C	This composite is for the count of tablets or number of grams.
020-I009-01-6063	Quantity Qualifier		CM	Unit of Measure
020-I009-02-6060	Quantity		CM	
020-I009-03-1131	Code List Qualifier		C	
030-I014	Directions		C	
030-I014-01-7879	Dosage Identification		C	
030-I014-02	Dosage		C	
030-I014-03	Dosage		C	
040-I006	Date		C	
040-I006-01-2005	Date/Time Period Qualifier		C	
040-I006-02-2380	Date/Time/Period		C	
040-I006-03-2379	Date/Time/Period Format Qualifier		C	
050-4457	Product/Service Substitution, coded		C	Values: 0 = No Product Selection Indicated 1 = Substitution Not Allowed by Prescriber

				2 = Substitution Allowed - Patient Requested Product Dispensed 3 = Substitution Allowed - Pharmacist Selected Product Dispensed 4 = Substitution Allowed - Generic Drug Not in Stock 5 = Substitution Allowed - Brand Drug Dispensed as a Generic 7 = Substitution Not Allowed - Brand Drug Mandated by Law 8 = Substitution Allowed - Generic Drug Not Available in Marketplace (6 was intentionally left off)
060-I009	Quantity		C	This composite is used for refill information.
060-I009-01-6063	Quantity Qualifier		CM	Qualifies the number of refills quantity. Values: R = Number of Refills A = Additional Refills Authorized P = Pharmacy Requested Refills Values: PRN = As Needed D = Refill for n Day(s) W = Refill for n Week(s) M = Refill for n Month(s) Y = Refill for n Year(s) where n = Number of Refills Quantity
060-I009-02-6060	Quantity		C	
070-I015-01-6810	Clinical Information Qualifier		CM	Qualifies the Clinical Information - primary field.
070-I015-02-6813	Clinical Information - primary		CM	The prescriber supplied or pharmacy inferred code for the diagnosis.
070-I015-03-1131	Code List Qualifier		C	Qualifies the code list used for the Diagnosis.
070-I015-04-6813	Clinical Information - secondary		C	The prescriber supplied or pharmacy inferred code for the secondary diagnosis.
070-I015-05-1131	Code List Qualifier		C	Qualifies the cost list used for secondary Diagnosis.
080-I001-01-1154	Reference Number		CM	This number is used to store the Prior Authorization or Sample Prescription number, if used.
080-I001-02-1153	Reference Qualifier		C	Qualifier used to define the Reference Number.
090-4440	Free Text		C	
100-S018	Drug Use Evaluation		C	Conditional repeating composite for further explanation, conflict, or clarification of services related to drug use evaluation.
100-S018-01-7880	DUE Reason For Service Code		CM	Code identifying the type of conflict detected.
100-S018-02-7881	DUE Professional Service Code		C	Code identifying intervention performed when a conflict has been detected.
100-S018-03-7882	DUE Result Of Service Code		C	Action taken in response to a conflict.
100-S018-04-7883	DUE Co-Agent ID		C	Identifies the co-existing agent contributing to the DUR event

				(drug or disease) conflicting with the prescribed drug.
100-S018-05-7884	DUE Co-Agent ID Qua		C	Code qualifying the value in DUE Co-Agent ID.
110-7885	Drug Coverage Status Code		C	Code identifying the coverage status of the prescribed drug.

OBS Observation Segment

EDI Field Number	Field Name	Values	Required	Comments
000-S019-01-0013	Segment code	OBS	M	
010-S017-01-6311	Measurement Dimension, coded		CM	Qualifies the Measurement value.
010-S017-02-6314	Measurement Value		CM	
010-S017-03-6411	Measurement Unit Qualifier		CM	Qualifies the Measurement value.
010-S017-04-2380	Date/Time/Period		C	
010-S017-05-2379	Date/Time/Period Format Qualifier		C	
020-4440	Free Text		C	

UIT Interactive Message Trailer

EDI Field Number	Field Name	Values	Required	Comments
000-S019-01-0013	Segment code	UIT	M	
010-0062	Message Reference Number		C	Must be the same value as in UIH 0062. This field is Mandatory.
020-0074	Number of Segments in Message		C	Mandatory field. This is the count of the number of segments in the message including the UIH and UIT.

UIZ Interactive Interchange Trailer

EDI Field Number	Field Name	Values	Required	Comments
000-S019-01-0013	Segment code	UIZ	M	
020-0036	Interchange Control Count		C	Number of messages per interchange. The count of UIH-UIT occurrences.

Segment Usage in Each transaction

New Prescription Request (NEWRX)

This transaction is a request for a new prescription and is sent from the prescriber to the pharmacy.

Segment	Definition	Required	Comments
UNA	Service String Advice	Y	Must be present on all transactions in this implementation usage. Is a fixed length segment.
UIB	Interactive Interchange Control Header	Y	Designates sender and receiver IDs, trace numbers, date, time stamps at the interchange level.
UIH	Interactive Message Header	Y	Designates the type of message. For Verify, Message function = VERIFY. Also indicates trace numbers at the message level.
STS	Status Segment	N	Is not required in a Verify transaction.
PVD	Provider Segment	N	Is not required in a Verify transaction, but may be echoed back for clarification.
PTT	Patient Segment	N	Is not required in a Verify transaction, but may be echoed back for clarification.
DRU	Drug Segment	N	Is not required in a Verify transaction, but may be echoed back for clarification.
UIT	Interactive Message Trailer	Y	Designates the message trace number and number of segments in the message.
UIZ	Interactive Interchange Trailer	Y	Designates the interchange trace number and the number of messages in the transaction.

XML Schema

```

<xs:element name="NewRx">
  <xs:complexType>
    <xs:sequence>
      <xs:element ref="RxReferenceNumber" minOccurs="0"/>
      <xs:element ref="PrescriberOrderNumber" minOccurs="0"/>
      <xs:element ref="ReturnReceipt" minOccurs="0"/>
      <xs:element ref="RequestReferenceNumber" minOccurs="0"/>
      <xs:element name="Pharmacy" type="MandatoryPharmacyType" minOccurs="0">
      <xs:element name="Prescriber" type="MandatoryPrescriberType">
      <xs:element name="Supervisor" type="MandatoryPrescriberType" minOccurs="0">
      <xs:element name="Patient" type="PatientType">
      <xs:element name="MedicationPrescribed" type="PrescribedMedicationType">
      <xs:element name="Observation" type="ObservationType" minOccurs="0">
      <xs:element name="BenefitsCoordination" type="BenefitsCoordinationType" minOccurs="0"
        maxOccurs="3">
    </xs:sequence>
  </xs:complexType>
</xs:element>
  
```

ELEMENT	COMMENT
<RxReferenceNumber>	Identification string that can be used on a NEWRX to associate the transaction to a previous prescription on file within the pharmacy software.
<PrescriberOrderNumber>	Identification string set by the prescriber vendor that can be used to track this new prescription order in the prescriber software system.
<ReturnReceipt>	Included when sender is requesting a return receipt.
<RequestReferenceNumber>	Transaction key. In some trading partner agreements utilizing a mailbox functionality,

	this field may contain the receiver's identification number for the transaction being returned.
<Pharmacy>	The pharmacy to which the electronic prescription order is being sent – anticipated to be the dispensing pharmacy
<Prescriber>	The authorizing provider that has ordered the prescription.
<Supervisor>	The supervising provider that the “Prescriber” is authorized to prescriber under.
<Patient>	The patient that the medication should be dispensed to.
<MedicationPrescribed>	The medication of the prescription.
<Observation>	Used for communication of vital statistics.
<BenefitsCoordination>	Used for communication of benefits information for the patient.

Refill Request (REFREQ)

This transaction is used by a pharmacy to request a refill of a prescriber.

Segment	Definition	Required	Comments
UNA	Service String Advice	Y	Must be present on all transactions in this implementation usage. Is a fixed length segment.
UIB	Interactive Interchange Control Header	Y	Designates sender and receiver IDs, trace numbers, date, time stamps at the interchange level.
UIH	Interactive Message Header	Y	Designates the type of message. For Refill Request, Message function = REFREQ. Also indicates trace numbers at the message level.
REQ	Request Segment	N	Only required in this transaction when a return receipt is requested.
PVD	Provider Segment	Y	One loop required for the prescriber. One loop may be needed to relay the supervisor.
PVD	Provider Segment	Y	One loop required for the pharmacy.
PTT	Patient Segment	Y	Designates patient information.
DRU	Drug Segment	Y	One loop required for the drug prescribed.
DRU	Drug Segment	N	One loop for the drug dispensed. Is not mandatory, but can be used for clarification.
OBS	Observation Segment	N	Included if necessary.
COO	Coordination of Benefits Segment	N	Included if necessary. Might be used to convey to the prescriber the patient's prescription plan. This information might be used by the prescriber system to denote formulary information for future prescriptions.
UIT	Interactive Message Trailer	Y	Designates the message trace number and number of segments in the message.
UIZ	Interactive Interchange Trailer	Y	Designates the interchange trace number and the number of messages in the transaction.

XML Schema

```

<xs:element name="RefillRequest">
  <xs:complexType>
    <xs:sequence>
      <xs:element name="RxReferenceNumber" type="an..35M">
      <xs:element ref="PrescriberOrderNumber" minOccurs="0"/>
      <xs:element ref="ReturnReceipt" minOccurs="0"/>
      <xs:element ref="RequestReferenceNumber" minOccurs="0"/>
      <xs:element name="Pharmacy" type="MandatoryAddressPharmacyType">
      <xs:element name="Prescriber" type="PrescriberTypeRefillRequest">
      <xs:element name="Supervisor" type="PrescriberTypeRefillRequest" minOccurs="0">
      <xs:element name="Patient" type="PatientType">
      <xs:element name="MedicationPrescribed" type="PrescribedMedicationType">
      <xs:element name="MedicationDispensed" type="DispensedMedicationType" minOccurs="0">
      <xs:element name="Observation" type="ObservationType" minOccurs="0">
      <xs:element name="BenefitsCoordination" type="BenefitsCoordinationType" minOccurs="0"
        maxOccurs="3">
    </xs:sequence>
  </xs:complexType>
</xs:element>

```

ELEMENT	COMMENT
<RxReferenceNumber>	Pharmacy system generated prescription number. This identifier is set by the pharmacy and can be used to locate the prescription in question within the pharmacy software system.
<PrescriberOrderNumber>	The pharmacy should populate the PrescriberOrderNumber of the RefillRequest with the PrescriberOrderNumber originally sent in the New Prescription.
<ReturnReceipt>	Included when sender is requesting a return receipt.
<RequestReferenceNumber>	Transaction key. In some trading partner agreements utilizing a mailbox functionality, this field may contain the receiver's identification number for the transaction being returned.
<Pharmacy>	The pharmacy requesting the renewal.
<Prescriber>	The prescriber that is being requested to approve the renewal request.
<Supervisor>	The prescribers supervisor
<Patient>	The patient that the prescription is for.
<MedicationPrescribed>	The medication of the prescription.
<Observation>	Used for communication of vital statistics.
<BenefitsCoordination>	Used for communication of benefits information for the patient.

Refill Response (REFRES)

This transaction is sent from the prescriber to the pharmacy and indicates whether the refill request has been accepted or denied.

Segment	Definition	Required	Comments
UNA	Service String Advice	Y	Must be present on all transactions in this implementation usage. Is a fixed length segment.
UIB	Interactive Interchange Control Header	Y	Designates sender and receiver IDs, trace numbers, date, time stamps at the interchange level.
UIH	Interactive Message Header	Y	Designates the type of message. For Refill Response, Message function = REFRES. Also indicates trace numbers at the message level.
REQ	Request Segment	N	Required in this transaction when a return receipt is requested.
RES	Response Segment	Y	Designates the approval or denial of the refill request.
PVD	Provider Segment	Y	One loop required for the prescriber. One loop may be needed to relay the supervisor.
PVD	Provider Segment	N	One loop may be echoed back for the pharmacy for clarification.
PTT	Patient Segment	Y	Designates patient information.
DRU	Drug Segment	N	One loop for the drug prescribed may be sent as clarification.
DRU	Drug Segment	N	One loop for the drug dispensed. Is not mandatory, but can be used for clarification.
OBS	Observation Segment	N	Only if necessary.
UIT	Interactive Message Trailer	Y	Designates the message trace number and number of segments in the message.
UIZ	Interactive Interchange Trailer	Y	Designates the interchange trace number and the number of messages in the transaction.

XML Schema

```

<xs:element name="RefillResponse">
  <xs:complexType>
    <xs:sequence>
      <xs:element name="RxReferenceNumber" type="an..35M">
      <xs:element name="PrescriberOrderNumber" type="an..35" minOccurs="0">
      <xs:element ref="ReturnReceipt" minOccurs="0"/>
      <xs:element ref="RequestReferenceNumber" minOccurs="0"/>
      <xs:element name="Response" type="ResponseType">
      <xs:element name="Pharmacy" type="PharmacyType" minOccurs="0">
      <xs:element name="Prescriber" type="PrescriberType">
      <xs:element name="Supervisor" type="PrescriberType" minOccurs="0">
      <xs:element name="Patient" type="PatientType">
      <xs:element name="MedicationPrescribed" type="PrescribedMedicationType" minOccurs="0">
      <xs:element name="MedicationDispensed" type="OptionalDateMedicationType"
      minOccurs="0">
      <xs:element name="Observation" type="ObservationType" minOccurs="0">
    </xs:sequence>
  </xs:complexType>
</xs:element>
  <xs:complexType name="ApprovedType">
    <xs:sequence>
      <xs:element name="ApprovalReasonCode" minOccurs="0" maxOccurs="10">
    </xs:sequence>
  </xs:complexType>

```

```

        <xs:simpleType>
        <xs:restriction base="xs:string">
            <xs:pattern
            value="AA|AB|AC|AD|AE|AF|AG|AH|AJ|AK|AL|AM|AN|AO|AP|AQ"/>
        </xs:restriction>
        </xs:simpleType>
        <xs:element name="ReferenceNumber" type="an..35" minOccurs="0">
        <xs:element name="Note" type="an..70" minOccurs="0">
    </xs:sequence>
</xs:complexType>
<xs:complexType name="DeniedType">
    <xs:sequence>
        <xs:element name="DenialReasonCode" minOccurs="0" maxOccurs="10">
            <xs:simpleType>
            <xs:restriction base="xs:string">
                <xs:pattern
                value="AA|AB|AC|AD|AE|AF|AG|AH|AJ|AK|AL|AM|AN|AO|AP|AQ"/>
            </xs:restriction>
            </xs:simpleType>
        </xs:element>
        <xs:element name="ReferenceNumber" type="an..35" minOccurs="0">
        <xs:element name="DenialReason" type="an..70" minOccurs="0">
    </xs:sequence>
</xs:complexType>
<xs:complexType name="DeniedNewRxToFollowType">
    <xs:sequence>
        <xs:element name="DenialReasonCode" minOccurs="0" maxOccurs="10">
            <xs:simpleType>
            <xs:restriction base="xs:string">
                <xs:pattern value="AA|AB|AC|AD|AE|AF|AG|AH|AJ|AK|AL|AM|AN|AO|AP"/>
            </xs:restriction>
            </xs:simpleType>
        </xs:element>
        <xs:element name="ReferenceNumber" type="an..35" minOccurs="0">
        <xs:element name="DenialReason" type="an..70" minOccurs="0">
    </xs:sequence>
</xs:complexType>
<xs:complexType name="ApprovedWithChangesType">
    <xs:sequence>
        <xs:element name="DenialReasonCode" minOccurs="0" maxOccurs="10">
            <xs:simpleType>
            <xs:restriction base="xs:string">
                <xs:pattern value="AA|AB|AC|AD|AE|AF|AG|AH|AJ|AK|AL|AM|AN|AO|AP"/>
            </xs:restriction>
            </xs:simpleType>
        </xs:element>
        <xs:element name="ReferenceNumber" type="an..35" minOccurs="0">
        <xs:element name="Note" type="an..70" minOccurs="0">
    </xs:sequence>
</xs:complexType>
    
```

ELEMENT	COMMENT
<RxReferenceNumber>	MUST contain an echo of the RxReferenceNumber sent in the corresponding RefillRequest.
<PrescriberOrderNumber>	Identification string set by the prescriber vendor that can be used to track this new prescription order in the prescriber software system.
<ReturnReceipt>	Included when sender is requesting a return receipt.
<RequestReferenceNumber>	Transaction key. In some trading partner agreements utilizing a mailbox functionality, this field may contain the receiver's identification number for the transaction being returned.
<Response>	Contains the prescriber's response to the refill request.

	<p>Can contain one and only one of the following bolded elements:</p> <p><Approved> Approved with same number of refills requested by pharmacy. The approved response should be used in two different situations. The first is when the pharmacy provides a requested number of refills to approve and the prescriber approves this number without change. i.e. <RefillResponse><MedicationPrescribed><Refills><Quantity> is the same as <RefillRequest><MedicationPrescribed><Refills><Quantity>. The second situation is when the pharmacy does not indicate a requested number of refills by either not sending the <Refills> element, not populating the <Refills><Quantity> element, or by sending the <Refills><Quantity> element set to 0. In this situation the prescriber is free to approve the refill request and <RefillResponse><MedicationPrescribed><Refills><Quantity>.</p> <p><Denied> Indicates that the prescriber has denied the refill request.</p> <p><DeniedNewRxToFollow> Denied, new prescription to follow. This should be used when the prescriber wishes to make any changes to the prescription other than the number of refills.</p> <p><ApprovedWithChanges> Approved with number of refills approved different than what was requested by the pharmacy. ApprovedWithChanges should be sent when the prescriber sends a different number of refills in <RefillResponse><MedicationPrescribed><Refills><Quantity> then the pharmacy sent in the <RefillRequest><MedicationPrescribed><Refills><Quantity>. This response should not be used if the <RefillRequest><MedicationPrescribed><Refills><Quantity> was not present, not populated, or 0.</p>
<Pharmacy>	The pharmacy that requested the Refill.
<Prescriber>	The prescriber responding to the RefillRequest
<Supervisor>	The prescriber's supervisor
<Patient>	The patient of the prescription
<MedicationPrescribed>	The medication of the prescription
<Observation>	Used for communication of vital statistics.

Approved/ApprovedWithChanges Element

ELEMENT	COMMENT
<Refills>	The number of additional refills authorized by the prescriber.
<Note>	A note from the prescriber to the pharmacist related to this refill response.

Denied Element

ELEMENT	COMMENT
<DenialReasonCode>	Possible values: AA Patient unknown to the Prescriber AB Patient never under Prescriber care AC Patient no longer under Prescriber care AD Patient has requested refill too soon AE Medication never prescribed for the patient AF Patient should contact Prescriber first AG Refill not appropriate AH Patient has picked up prescription AJ Patient has picked up partial fill of prescription AK Patient has not picked up prescription, drug returned to stock AL Change not appropriate AM Patient needs appointment AN Prescriber not associated with this practice or location. AO No attempt will be made to obtain Prior Authorization. AP Request already responded to by other means (e.g. phone or fax) Available
<DenialReason>	A text note describing the reason for the denial.

Prescription Fill Status Notification (RXFILL)

This transaction is sent from the pharmacy to the prescriber to notify the prescriber of the dispensing status of a prescription.

Segment	Definition	Required	Comments
UNA	Service String Advice	Y	Must be present on all transactions in this implementation usage. Is a fixed length segment.
UIB	Interactive Interchange Control Header	Y	Designates sender and receiver IDs, trace numbers, date, time stamps at the interchange level.
UIH	Interactive Message Header	Y	Designates the type of message. For Prescription Response, Message function = RXFILL. Also indicates trace numbers at the message level.
REQ	Request Segment	N	Required in this transaction when a return receipt is requested.
RES	Response Segment	Y	Designates type and description of response: Dispensed, Not Dispensed, Partially Dispensed
PVD	Provider Segment	Y	One loop required for the prescriber. One loop may be needed to relay the supervisor.
PVD	Provider Segment	N	One loop may be echoed back for the pharmacy for clarification.
PTT	Patient Segment	Y	Designates patient information.
DRU	Drug Segment	N	One loop for the drug prescribed may be sent as clarification.
DRU	Drug Segment	N	One loop for the drug dispensed may be sent as clarification. For Prescription Fill Status Notification Transactions - Partially Dispensed only, the quantity received is required by the prescriber.
UIT	Interactive Message Trailer	Y	Designates the message trace number and number of segments in the message.
UIZ	Interactive Interchange Trailer	Y	Designates the interchange trace number and the number of messages in the transaction.

XML Schema

```

<xs:element name="RxFill">
  <xs:complexType>
    <xs:sequence>
      <xs:element name="RxReferenceNumber" minOccurs="0" maxOccurs="1" type="an..35M" />
      <xs:element name="PrescriberOrderNumber" minOccurs="0" maxOccurs="1" type="an..35" />
      <xs:element name="ReturnReceipt" minOccurs="0" maxOccurs="1" type="an..3" />
      <xs:element name="RequestReferenceNumber" minOccurs="0" maxOccurs="1" type="an..35" />
      <xs:element name="FillStatus" minOccurs="1" maxOccurs="1" type="FillStatusType" />
      <xs:element name="Pharmacy" minOccurs="0" maxOccurs="1" type="MandatoryPharmacyType" />
      <xs:element name="Prescriber" minOccurs="1" maxOccurs="1" type="PrescriberType" />
      <xs:element name="Supervisor" minOccurs="0" maxOccurs="1" type="SupervisorType" />
      <xs:element name="Patient" minOccurs="1" maxOccurs="1" type="PatientType" />
      <xs:element name="MedicationPrescribed" minOccurs="0" maxOccurs="1" type="MedicationType" />
      <xs:element name="MedicationDispensed" minOccurs="0" maxOccurs="1" type="MedicationType" />
    </xs:sequence>
  </xs:complexType>
</xs:element>
<xs:complexType name="FillStatusType">
  <xs:choice>
    <xs:element name="Filled" minOccurs="1" maxOccurs="1" type="NoteType" />
    <xs:element name="NotFilled" minOccurs="1" maxOccurs="1" type="DeniedFillType" />
    <xs:element name="PartialFill" minOccurs="1" maxOccurs="1" type="NoteType" />
  </xs:choice>
</xs:complexType>

```

```

<xs:complexType name="NoteType">
  <xs:sequence>
    <xs:element name="Note" minOccurs="0" maxOccurs="1" type="an..70" />
  </xs:sequence>
</xs:complexType>
<xs:complexType name="DeniedFillType">
  <xs:choice>
    <xs:sequence>
      <xs:element name="Note" minOccurs="1" maxOccurs="1" type="an..70M" />
    </xs:sequence>
    <xs:sequence>
      <xs:element name="FillReasonCode" minOccurs="1" maxOccurs="1">
        <xs:simpleType>
          <xs:restriction base="xs:string">
            <xs:pattern value="AA|AB|AC|AD|AE|AF|AG|AH|AJ|AK|AL|AM|AN|AO|AP" />
          </xs:restriction>
        </xs:simpleType>
      </xs:element>
      <xs:element name="Note" minOccurs="0" maxOccurs="1" type="an..70M" />
    </xs:sequence>
  </xs:choice>
</xs:complexType>

```

ELEMENT	COMMENT
<PrescriberOrderNumber>	The pharmacy should populate the PrescriberOrderNumber of the RefillRequest with the PrescriberOrderNumber originally sent in the New Prescription.
<ReturnReceipt>	Included when sender is requesting a return receipt.
<RequestReferenceNumber>	Transaction key. In some trading partner agreements utilizing a mailbox functionality, this field may contain the receiver's identification number for the transaction being returned.
<FillStatus>	Designates type and description of the response. EDIFACT equivalent is "Response Segment" within this message type.
<FillNote>	A note from the pharmacist to the prescriber related to this response.

4. SAMPLE TRANSACTION

Sample NEWRX Transaction

```

<Message xmlns="http://www.ncdp.org/schema/SCRIPT" version="008" release="001">
  <Header>
    <To>mailto:9879879.P@ncdp.com</To>
    <From>mailto:9999999998001.D@ncdp.com</From>
    <MessageID>98888321</MessageID>
    <SentTime>2005-08-29T19:28:50.0Z</SentTime>
  </Header>
  <Body>
    <NewRx>
      RxReferenceNumber Element
      <RxReferenceNumber>11111</RxReferenceNumber>

      Pharmacy Element
      <Pharmacy>
        <Identification>
          <NCPDPID>9879879</NCPDPID>
        </Identification>
        <StoreName>TestXmlPharmacyStore1</StoreName>
        <Address>
          <AddressLine1>455 Main St.</AddressLine1>
          <City>Berkeley</City>
          <State>CA</State>
          <ZipCode>94122</ZipCode>
        </Address>
        <PhoneNumbers>
          <Phone>
            <Number>4155663222</Number>
            <Qualifier>TE</Qualifier>
          </Phone>
        </PhoneNumbers>
      </Pharmacy>

      Prescriber Element
      <Prescriber>
        <Identification>
          <FileID>9153209998001</FileID>
        </Identification>
        <Name>
          <LastName>Test</LastName>
          <FirstName>Frank</FirstName>
          <MiddleName>D</MiddleName>
          <Suffix>Jr.</Suffix>
          <Prefix>Dr.</Prefix>
        </Name>
        <Address>
          <AddressLine1>455 Main St.</AddressLine1>
          <City>Berkeley</City>
          <State>CA</State>
          <ZipCode>94122</ZipCode>
        </Address>
        <PhoneNumbers>
          <Phone>
            <Number>4155663222</Number>
            <Qualifier>TE</Qualifier>
          </Phone>
        </PhoneNumbers>
      </Prescriber>

      Supervisor Element
      <Supervisor>
        <Identification>
          <UPIN>9153209998001</UPIN>
        </Identification>
        <Name>
          <LastName>Super</LastName>

```

```

        <FirstName>Visor</FirstName>
        <MiddleName>D</MiddleName>
        <Prefix>Dr.</Prefix>
        <Suffix>Jr.</Suffix>
        <Prefix>Dr.</Prefix>
    </Name>
    <Address>
        <AddressLine1>455 SuperDuper St.</AddressLine1>
        <City>Oakland</City>
        <State>MD</State>
        <ZipCode>21842</ZipCode>
    </Address>
    <PhoneNumbers>
        <Phone>
            <Number>5432663222</Number>
            <Qualifier>TE</Qualifier>
        </Phone>
    </PhoneNumbers>
</Supervisor>

```

Patient Element

```

<Patient>
    <Identification>
        <FileID>4658798</FileID>
    </Identification>
    <Name>
        <LastName>Johny</LastName>
        <FirstName>Nash</FirstName>
    </Name>
    <Gender>M</Gender>
    <DateOfBirth>1967-04-08</DateOfBirth>
    <Address>
        <AddressLine1>321 Baseline Rd</AddressLine1>
        <City>Tempe</City>
        <State>AZ</State>
        <ZipCode>85282</ZipCode>
    </Address>
    <PhoneNumbers>
        <Phone>
            <Number>4449860333</Number>
            <Qualifier>TE</Qualifier>
        </Phone>
    </PhoneNumbers>
</Patient>

```

MedicationPrescribed Element

```

<MedicationPrescribed>
    <DrugDescription>Prozac 20mg Capsules</DrugDescription>
    <DrugCoded>
        <ProductCode>00777310502</ProductCode>
        <ProductCodeQualifier>ND</ProductCodeQualifier>
        <DosageForm>20</DosageForm>
        <Strength>2.5</Strength>
        <StrengthUnits>ME</StrengthUnits>
    </DrugCoded>
    <Quantity>
        <Qualifier>EA</Qualifier>
        <Value>90</Value>
        <CodeListQualifier>38</CodeListQualifier>
    </Quantity>
    <Directions>Take one capsule twice a day</Directions>
    <Refills>
        <Qualifier>R</Qualifier>
        <Quantity>3</Quantity>
    </Refills>
    <Substitutions>1</Substitutions>
    <WrittenDate>2003-01-03</WrittenDate>
</MedicationPrescribed>

```

```

</NewRx>
</Body>

```

```

</Message>

```

UNA Segment

UNA:+./**'

UIB Segment

UIB+UNOA:0++98888321+++9999999998001:D+9879879:P+20050829:192850,0'

UIH Segment

UIH+SCRIPT:008:001:NEWRX+11111'

PVD Segment

PVD+P2+9879879:D3+++++TestXmlPharmacyStore1+455 Main St.:Berkeley:CA:94122+4155663222:TE'

PVD+PC+9153209998001:FILEID+++Test:Frank:D:Jr.:Dr.+++455 Main

St.:Berkeley:CA:94122+4155663222:TE'

PVD+SU+9153209998001:1G+++Super:Visor:D:Jr.:Dr.+++455 SuperDuper

St.:Oakland:MD:21842+5432663222:TE'

PTT Segment

PTT++19670408+Johny:Nash+M+4658798:94+321 Baseline Rd:Tempe:AZ:85282+4449860333:TE'

DRU Segment

DRU+P:Prozac 20mg Capsules:00777310502:ND:20:2.5:ME+EA:90:38+:Take one capsule twice a day+85:20030103:102+1+R:3'

UIT Segment

UIT'

UIZ Segment

UIZ++1'

5. DOCUMENT CHANGE HISTORY

Document Name: NCPDP SCRIPT Canonical Guide Version 8.1

Version	Issue Date	Modified By	Comments/Reason
1.0	03/09/2011	Ganesh Prabhu	Version Released for Comment
1.1	03/09/2011	Ganesh Prabhu	Change Front Page Logos, Header and Footer.
1.2	5/16/2011	Sue Merk	Naming convention change to Canonical Guide