

Nova Scotia

Prescription Monitoring Program

On-Line Implementation Guide

Document Revision History

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Contact Information

Software Vendor

(Pharmacy Staff to fill in):

Vendor contact name: _____

Your Vendor contact number: _____

Nova Scotia Prescription Monitoring Program:

Address: Nova Scotia Prescription Monitoring Program
P.O. Box 2200
Halifax, Nova Scotia B3J 3C6

Business Hours: Monday - Friday, 8am to 5pm

Phone Number: 1-902-496-7123

Toll free: 1-800-563-8880*

Fax: 1-902-481-3157

Email: PMP@medavie.bluecross.ca

Please note: On-line messaging may prompt the need for a pharmacist to investigate a patient's history further. PMP Patient profiles are available to prescribers and pharmacists upon request.

The NSPMP Staff can also assist with difficult claim adjudication – please do not hesitate to call for assistance.

* ***If using the toll-free line, indicate to the operator that you are calling from an on-line pharmacy and need to speak to the Prescription Monitoring Program.***

Introduction

Dear Pharmacy Staff,

Your software vendor has indicated that your computer system has undergone the necessary enhancements to be able to process NSPMP claims online. This packet is designed to assist your transition from manual triplicate submission to online claims submission. It is only intended to be a program guide and will supplement specific system information provided by your vendor.

The Nova Scotia Prescription Monitoring program has undergone many changes in the past year. These changes include new legislation and associated regulations, a redesigned triplicate prescription pad, and implementation of a system capable of online, “real-time” adjudication. We believe these changes, with pharmacy involvement, will greatly enhance the NSPMP's function and ability to reach its mandate to promote the appropriate use of monitored drugs and the reduction of the abuse or misuse of monitored drugs.

Real - time submission of claims will allow the Program to receive patient specific claims data at the time the drug is being dispensed. This new technology will also enable the NSPMP to **alert pharmacists electronically** of such things as stolen or lost prescription pads, and possible cases of double-doctoring. These messages will facilitate further conversation among patients, prescribers, and pharmacists.

The staff of the Nova Scotia Prescription Monitoring Program are excited about this project and look forward to working with your pharmacy team. We hope that, with your assistance, we can make this initiative a very successful one.

Thank you in advance for your effort and participation. Please feel free to me directly if you have any questions or require assistance.

Sincerely,

Stacey Black

The Nova Scotia Prescription Monitoring Program
(902)-496-7123

Important Points

Prescribing of controlled drugs in Nova Scotia:

1. A monitored drug is designated as any drug that is a controlled drug pursuant to the *Controlled Drugs and Substances Act* (Canada) and appears in the schedules to the *Controlled Drugs and Substances Act* (Canada) as it is amended or any successor legislation – except testosterone, when dispensed as a compound and drugs listed in the Schedule 1, Parts 1 and 2, of the *Benzodiazepines and Other Targeted Substances Regulations to the Controlled Drugs and Substances Act* (Canada).
2. Monitored drugs must be written on a triplicate prescription pad, except as noted below.
3. Prescribers are not permitted to share personalized prescription pads
4. The new prescription pads contain a “PMP ID” pre-printed on the pads that correspond with the individual prescriber. The old pads do not contain this information. The PMP can supply a reference sheet to look up prescribers’ PMP IDs by license number if they receive an old pad. Prescribers have been asked to stop using old pads.

Requirement to register with NSPMP:

5. Pharmacists and pharmacies are required, by the regulations and legislation, to be registered with the NSPMP. If a pharmacist is not registered, he/she will be unable to adjudicate claims within the on-line system.
6. When a store changes ownership, opens, or moves to a new location, the NSPMP must also be notified. Proper coverage has to be reassigned to the new profile for claims to be adjudicated on-line.
7. Prescribers must be registered with the NSPMP to prescribe monitored drugs.
8. Prescribers are not permitted to share personalized prescription pads.

Prescriptions not currently monitored by the NSPMP:

9. Prescriptions written by Veterinarians are not monitored at this time.
10. Prescriptions for monitored drugs for long term care patients, as defined by the Homes for Special Care Act, are not required to be written on a triplicate form – they are to be adjudicated and sent to PMP on-line using the process as outlined on page 17.
11. Prescriptions for Federal inmates are not required to be written on a triplicate – they are to be adjudicated and sent to PMP on-line using the process outlined on page 17.
12. Prescriptions for an in-patient of a hospital, as defined by the Hospitals Act, are not required to be written on a triplicate form. These are not monitored at this time.

Important Points (Cont'd)

Handling part-fills:

13. Refills or partial fills of existing prescriptions (the yellow copy has been sent to PMP for data entry) **are not to be submitted to PMP on-line.**
14. Please **do not** enter total quantity and total days supply on prescriptions that will have future part-fills dispensed. Each part-fill is to be entered on-line as it is dispensed.
15. The first fill of a part-fill is received by NSPMP as "N" (new) and all of the following part-fills are received as "R" (refill/part-fill).

Prescriptions not entered into the on-line system:

16. If a pharmacist is unable to submit a prescription on-line to the PMP, they may utilize the “back door” functionality that the vendor has incorporated into the store’s software. Please refer to your vendor’s instructions.
17. If a prescription is not filled using on-line adjudication, the yellow copy must be forwarded to the Nova Scotia Prescription Monitoring Program within 30 days.

Health Card Types and Numbers

- Prescribers have been asked to legibly record a valid health card number and date of birth on each script as below:
 - Nova Scotia residents, select NS and indicate the HCN
 - RCMP officer, select RCMP and indicate the RCMP ID #
 - Canadian Forces member, select CF and indicate the CF ID #
 - Out - of - province patient, select the province and the indicate the HCN
 - Out -of - country patient, select “NSG” / indicate “Out Of Country”
 - Office use prescription, select “NSOU” / indicate “Office Use”
- The new PMP system is designed to validate health card numbers and types. The following table provides the correct format for health card numbers in each province and for special groups such as the RCMP:

| PROVINCE | HCN | CARDHOLDER IDENTITY | COMMENTS |
|------------------|---------------------|---------------------|---|
| Alberta | 9 digits | AB | |
| British Columbia | 10 digits | BC | Begins with a "9" |
| Manitoba | 9 digits | MB | |
| New Brunswick | 9 digits | NB | |
| Newfoundland | 12 digits | NL | |
| Nova Scotia | 10 digits | NS | |
| Nunavut | 9 digits | NU | |
| NWT | 1 letter+ 7 digits | NT | |
| Ontario | 10 digits | ON | |
| PEI | 8 digits | PE | |
| Quebec | 4 letters+ 8 digits | QC | First 3 letters of last name and first letter of first name |
| Saskatchewan | 9 digits | SK | |
| Yukon | 9 digits | YT | |
| Canadian Forces | 1 letter+ 8digits | CF | |
| RCMP | 5 or 6 digits | RCMP | |
| NSG | 0011984275 | NSG | For out of country |
| NSOU | 0011984283 | NSOU | For office use |

NOTE: Due to privacy restrictions the NSPMP does not collect DIAND numbers.

Claim Submission Response Codes

The following table shows the various response status codes associated with the validation of data submitted on a NSPMP claim. In all of the response codes listed, the common element of “R” refers to a rejected claim or reversal.

Please note that all definitions indicated are based on the CPHA response code descriptions. In some cases, individual vendor software may override the CPHA definitions with their own messages.

| RESPONSE CODE | DEFINITION | MEANING | ACTION |
|---------------|---|--|--|
| E1ER | Program coverage validation is down. | Adjudication system for PMP Program is down. | Resubmit claim when PMP adjudication system is back up and running. |
| C332 | Coverage expired before service. | Patient has moved out of province. | Determine patient’s province of residence and resubmit using valid HCN |
| KS32 | Client is deceased. | Client id deceased. | Assess situation and act accordingly. |
| NE | Potential overuse/abuse indicated. <i>Message portion of screen will contain the following:</i> B – transaction date of conflicting claim C - pharmacy phone number of conflicting claim D – drug trade name of conflicting claim | Patient on submitted claim has had another narcotic/controlled prescription(s) written by another prescriber and filled within last 30 days at another pharmacy. | Assess situation and act accordingly. |
| R21 | Pharmacy ID code error. | Valid pharmacy ID code registered with PMP must be entered on claim. | Resubmit claim with appropriate store ID code. |
| R22 | Provider transaction date error. | Date on which prescription is being filled must be entered on claim. Must be valid value for date. | Resubmit claim with valid prescription fill date. |
| R30 | Carrier ID error. | Carrier code that has been assigned to PMP by Medavie Blue Cross must be entered as value of “PP”. | Resubmit claim with value of “PP” entered as carrier code ID. |
| R31 | Group number error. | Appropriate group number assigned to PMP must be entered on claim as value of “PMP<four blanks>000” | Resubmit claim with value of “PMP<four blanks>000” as group number. |
| R32 | Client ID error. | Valid client ID number must be entered on claim. | Resubmit claim with valid client ID number. |
| R3432 | Patient DOB error. | Date of birth on claim does not match date of birth on registration file. | Resubmit claim with correct date of birth. |

Claim Submission Response Codes (continued)

| RESPONSE CODE | DEFINITION | MEANING | ACTION |
|---------------|-------------------------------------|---|---|
| RC432 | Coverage terminated before service. | NS Medicare health card number not valid on date of claims submission. | Determine patient's province of residence and/or contact Program. |
| R34 | Patient DOB error. | Birth date of patient must be entered. Must be valid date value and must be in format of YYYYMMDD. e.g.(19540625 for June 25 th . 1954) | Resubmit claim with correct date of birth in correct format. |
| R35 | Cardholder identity error. | Cardholder identity must be one following values: <ol style="list-style-type: none"> 1. province of residence: NS, AB, BC, MB, NB, NL, NT NU, ON, PE, QC, SK, YT. 2. Out – of - country residents: NSG 3. physician office use: NSOU 4. Royal Canadian Mounted Police: RCMP 5. Canadian Forces: CF | Resubmit claim with valid cardholder ID. |
| R37 | Patient first name error. | First name of patient must be entered. | Resubmit claim with first name of patient. |
| R38 | Patient last name error. | Last name of patient must be entered. | Resubmit claim with last name of patient. |
| R40 | Patient gender error. | Patient gender must be one of following values: F, M, or U if unknown. | Resubmit claim with valid gender value. |
| R52 | New/refill code error. | New/refill code must be N or R. | Resubmit claim with valid new/refill code value. |
| R53 | Original prescription number error. | Original prescription number is a number assigned to claim on original date that the prescription was filled. Must be entered on claim and must be a numeric value. | Resubmit claim with valid original prescription number. |
| R54 | Refill/repeat authorization error. | Refill/repeat authorizations must be entered on claim and must be numeric. | Resubmit claim with valid refill/repeat authorization number. |
| R55 | Current Rx # error. | Current prescription number is number assigned to claim on current date that prescription was filled. Must be entered on claim and must be a numeric value. | Resubmit claim with valid current prescription number. |
| R56 | DIN/GP/ #PIN error | DIN must be entered on claim as numeric value, and must be registered on the PMP product file. | Resubmit claim with valid DIN value. |
| R57 | SSC error. | Special service code (SSC) must be value of 6 for PMP. | Resubmit claim with value of 6 for SSC. |
| R58 | Quantity error. | Quantity of medication dispensed must be entered on claim as numeric value. Cannot be value of zero. | Resubmit claim with appropriate, non-zero quantity value. |
| R59 | Days supply error. | Days supply must be entered on claim and cannot be value of zero. | Resubmit claim with valid day's supply that is greater than zero. |

Claim Submission Response Codes (continued)

| RESPONSE CODE | DEFINITION | MEANING | ACTION |
|---------------|--|---|--|
| R61 | Prescriber ID error. | Prescriber ID must be entered on claim. This is prescriber number printed on PMP prescription pad. | Resubmit claim with correct prescriber ID shown on prescription pad. |
| R6461 | Special authorization #/code error. | Prescriber identified on PMP prescription pad must be assigned pad number shown on PMP prescription pad. | Resubmit claim with correct PMP prescriber ID and/or pad number. |
| R64 | Special authorization #/code error. | Valid PMP prescription number must be entered in “special authorization number” field on claim. This is PMP prescription number shown on PMP prescription pad. | Resubmit claim with correct PMP prescription number shown on PMP prescription pad. |
| R65 | Intervention/exception code error. | Valid intervention/exception code must be entered on claim. Default value is “DU”. | Resubmit claim with valid intervention/exception |
| R76 | Pharmacist ID code error/missing. | Valid pharmacist ID code must be entered on claim. Value entered must be license number assigned by College of Pharmacists of NS and be registered with PMP. | Resubmit claim with appropriate pharmacist license number. |
| RA8 | No reversal made-orig. claim missing. | Original claim for reversal submission cannot be found. | Contact Program. |
| RD1 | Rejected claim/reversal. DIN/PIN/GP #/SSC not a benefit. | Product specified on claim submitted is not on eligible list of PMP drugs. This means that: 1. Product is not a drug that requires monitoring by the PMP. It should not have been written on a PMP prescription pad. OR, Product has not yet been added to PMP drug benefit list. 2. OR 3. Product has been discontinued and is no longer active on PMP drug benefit list. | Contact Program. |
| RD3 | Prescriber is not authorized. | Prescriber is not shown as eligible on PMP provider registration file on date of claim submission. | Contact Program. |
| RUA | Stolen special authorization#/code error. | PMP pad number submitted on claim is flagged as “stolen”. This status is set by PMP. | Assess situation and act accordingly. Contact Program. |
| RUC | Void special authorization#/code error. | PMP pad number submitted on claim is flagged as “void”. This status is set by PMP. | Contact Program. |
| RUE | Duplicate special authorization#/code. <i>Message portion of screen will contain the following:</i> B – transaction date of conflicting claim C - pharmacy phone number of conflicting claim current Rx No | PMP prescription with same PMP pad number already exists. | Assess situation and act accordingly. |

Claim Submission Response Codes (continued)

| RESPONSE CODE | DEFINITION | MEANING | ACTION |
|---------------|---|--|---|
| RUF | Inactive special authorization# /code. Message portion of screen will contain the following: B – transaction date of conflicting claim C - pharmacy phone number of conflicting claim D – current Rx number | PMP pad number submitted on claim is flagged as “inactive”. This status is set by pharmacist when certain kinds of claim reversals are submitted. (Refer to “Claim Reversal Submissions” table for reason codes, definitions and statuses) | Assess situation and act accordingly. |
| RUH | Original spec.auth. # /code not found. | Patient, drug, PMP pad number and/or prescriber information on part-fill claim submission does not match corresponding information on original claim. | Resubmit part-fill claim with correct information. |
| RB1 | Pharmacy not authorized to submit claims. | Pharmacy is not shown as eligible on PMP provider registration file on date of claim submission. | Contact Program. |
| RUK | Pharmacist is not authorized. | Pharmacist is not shown as eligible on PMP provider registration file on date of claim submission. | Contact Program. |
| RAA | Claim has been manually entered by NSPMP | Prescription has already been sent to NSPMP and manually entered. | Contact Program with questions. |
| RA3 | Identical claim has been processed. | Prescription has already been sent to NSPMP. | Reverse original or contact Program with questions. |
| RZK | Cannot cancel another pharmacy’s record. A*B*C*D where: B – transaction date of conflicting claim C - pharmacy phone number of conflicting claim D – current Rx number | Another pharmacy has already entered this prescription. | Contact other pharmacy to reverse claim if appropriate. |
| REI | Reverse original claim and re-submit. | This claim has already been entered and sent to NSPMP. | Reverse claim using correct reversal code and resubmit. |

Claim Reversal Submissions

In certain circumstances, the pharmacist will decide to reverse a claim that they have submitted to the PMP adjudication software. When this occurs, the pharmacist must submit one of the following Intervention/Exception Codes on the reversal in order to indicate a reason for cancelling the claim.

| INTERVENTION / CODE | DEFINITION | MEANING | PRESCRIPTION STATUS SET BY REVERSAL |
|---------------------|--|--|-------------------------------------|
| DURE | For drug utilization only. Data entry error. | Reversal submitted due to keying error when claim was originally submitted. | ACTIVE |
| DURR | For drug utilization only. Prescription refused by patient. | Reversal submitted as patient refused to accept medication. (eg. cost, etc.) | ACTIVE |

ATTENTION: PLEASE REVIEW THE FOLLOWING THOROUGHLY BEFORE USING.

The reversal code chosen by the pharmacist will change the status of the prescription in the PMP database. When the status remains “active”, the PMP pad number can still be used by any pharmacy to submit the claim to the Program. When the status is changed to “inactive”, the PMP pad number can no longer be used by any pharmacy to submit the claim to the Program. Any attempt to do so will result in a rejection of the claim.

Once a prescription’s status is changed to inactive, it CAN only be changed back to active by the PMP Program

| INTERVENTION/ CODE | DEFINITION | MEANING | PRESCRIPTION STATUS SET BY REVERSAL |
|--------------------|--|---|-------------------------------------|
| DUCF | For drug utilization only. Falsified or altered prescription. | Reversal submitted as pharmacist suspects that information on the prescription has been altered. | INACTIVE |
| DUCM | For drug utilization only. Suspected multi-pharmacy/multi doctor. | Reversal submitted as pharmacist suspects that patient is multi-doctoring and/or having prescriptions filled at more than one pharmacy. | INACTIVE |
| DUCO | For drug utilization only. Potential overuse/abuse. | Reversal submitted as pharmacist suspects that patient is overusing and/or abusing medication. | INACTIVE |
| DUCP | For drug utilization only. Prescription is too old. | Reversal submitted because submission date of prescription is more than 1 year from date it was written. | INACTIVE |

Methadone Compounds

Due to software restrictions, methadone compounds cannot be submitted to PMP with “mg” as the quantity. For methadone compounds, please use the following PINs:

- Use the PIN that best corresponds with the patient’s **TOTAL** daily dose in MG.
- Indicate the **QUANTITY** as you enter it currently
- Indicate the **DAYS SUPPLY** as applicable:

| Patient’s Total Daily Dose | PIN to use |
|-----------------------------------|-------------------|
| < 100 | 00994100 |
| 101-200 | 00994200 |
| 201-300 | 00994300 |
| 301-400 | 00994400 |
| 401-500 | 00994500 |
| 501-600 | 00994600 |
| 601-700 | 00994700 |
| 701-800 | 00994800 |
| 801-900 | 00994900 |
| >901 | 00994999 |

Example:

Methadone 80mg (in 100 ml Tang) TID po for pain x 7 days

Enter: DIN 00994300

Quantity: 2100 ml(?)

Days Supply = 7

Compounding PINS

Select the PIN that best corresponds with the **MONITORED DRUG** in the compound.

Example: compounding an amitriptyline / ketamine (topical) compound – select 903072.

| | |
|---------------|------------------------------------|
| 994000 | generic narcotic compound |
| 994001 | cannabis compound |
| 994002 | cocaine compound |
| 905518 | codeine phosphate compound |
| 903169 | dexedrine/placebo trial |
| 994006 | hydromorphone compound |
| 903072 | ketamine compound - topical |
| 994007 | ketamine compound- oral |
| 994004 | methadone 4mg/ml compound |
| 994005 | methadone 5mg/ml compound |
| 999381 | methadone 10mg/ml compound |
| 903149 | methylphenidate trials |
| 994008 | methylphenidate compound |
| 994009 | morphine hydrochloride compound |
| 999955 | morphine sulphate compound |
| 994003 | nabilone compound |
| 903128 | pentobarbital usp compound |
| 994010 | phenobarbitone compound |

- **994000** is available to use when there is no other suitable PIN available for a compound that contains a monitored drug.
 - This PIN is to be used one time only - please notify the PMP when this PIN is used so that an appropriate PIN can be obtained for future use.
- **994004, 994005, and 999381** are only to be used when filling office use scripts for methadone clinics. **These PINS CANNOT be used for patient fills** – see page 14 for patient methadone scripts.
- **994007** is to be used to differentiate between TOPICAL and ORAL Ketamine compounds
- **“Placebo” drugs for clinical trials do not need to submitted on-line.**

Double DINS

The computerized PMP system will electronically accept claims for two or more strengths of the same drug, written on one PMP prescription pad number. The claims must be for the same person and from the same prescriber. Each claim may be submitted as a “new” prescription. Situations where this may occur include the following:

1. Drug strength written is not commercially available.

e.g. A prescription written for MS Contin 130mg would be filled with two different strengths of MS Contin

2. Ritalin trial prescriptions

The computerized PMP system will accept the first part-fill of a prescription as a “new” prescription. Subsequent part-fills will be accepted as “refills” using the same PMP prescription pad number.

Long Term Care Facilities

Prescriptions written for patients living in LTC facilities are not typically written on a triplicate prescription pad but the PMP legislation does require that these scripts be submitted on-line to the PMP

Please note one change (PMP pad number) for this claim entry type:

- Enter each patient's provincial health card number
- Patient's Name , patient's date of birth, patient's gender
- Enter the prescriber's PMP ID (example: NS00000123)
- **In lieu of PMP pad number , enter "LTC"**

Federal Penitentiary Inmates

If your store works with federal penitentiaries, please note **3** significant claims entry changes for this type of claim:

- Enter patient type as NSG
- HCN 0012124947 (generic health card number to be used for all FEDERAL inmates)
- Patient's Name , Patient's DOB , Patient's gender
- Enter the prescriber's PMP ID (example: NS00000123)
- **In lieu of PMP pad number , enter "FEDP"**

Office Use Prescriptions (NSOU)

Prescriptions that are being filled for use in a clinic or prescriber's office are to be entered as follows:

- Cardholder Identity: NS
- HCN: 0011984283 (NSOU)
- Days Supply: 999
- DOB: 01/01/01
- Gender: U
- Last name: CLINIC or OFFICE
- First name: CLINIC's NAME or Prescriber's Last name

Seafaring Ships

Prescriptions that are filled for monitored drugs for a ship's supply are to be filled as **Office Use (NSOU)**.

Please populate the following fields as below:

- Cardholder Identity: NS
- HCN: 0011984283 (NSOU)
- Days Supply: 999
- DOB: 01/01/01
- Gender: U
- Last name: SHIP
- First name: Ship's name

Stolen Pad Messaging (RUA)

This message indicates that the prescription pad has been reported stolen by the prescriber and the prescription cannot be filled.

- A stolen message can only be set by the NSPMP.
- The Prescription Monitoring Program and its' Board of Directors believe that the safety and health of pharmacists, store staff and customers should take priority in any situation. No pharmacist should put themselves or others in harms way enforcing program policy or procedures.
- The customer does not need to be detained at the store if they present a stolen prescription.
- Pharmacist should rely on their professional judgment when dealing with a patient.

Void Messaging (RUC)

This message indicates that the prescription pad and the script numbers associated with that pad have been inactivated; probably because the prescriber has moved out of province or reported he has lost the prescription pads. Unless there are special circumstances the pharmacist cannot fill the prescription.

- Only the Prescription Monitoring Program can void a prescription and it cannot be adjudicated.
- Only the Prescription Monitoring Program can remove a "Void" message associated with a prescription.
- Pharmacists should always use their professional judgment when dealing with a patient.
- A voided prescription showing up at a pharmacy does not necessarily mean a fraud has been committed.

Double Doctoring Messaging (NE)

PMP Multiple Doctor Edit checks to see if a patient has any other claims within the last 30 days for a monitored drug dispensed from a different Pharmacy.

Multiple Doctor warning messages A*B*C*D where:

A – Represents the Response code (NE is used to indicate potential abuse detected)

B – Represents the conflicting claim transaction date

C – Represents the conflicting claim provider phone number

D – Represents the history claim product trade name

Potential overuse/misuse indicates that the patient has received at least one other monitored drug within the last 30 days. The prescription must be prescribed by a different prescriber and dispensed by another pharmacy in order for this message to be displayed.

- This message was designed to help give the pharmacist access to more patient information.
- If the pharmacist had a suspicion of misuse (double doctoring), they can have a level of comfort in knowing that this is probably not the case, if this message is not displayed.
- The potential overuse/misuse message will also provide the name of the previous monitored drug prescribed, date it was filled, and the phone number of the pharmacy that dispensed the prescription.

Void or Stolen Script Reporting

The following sheet or similar formats may be used to communicate with the Program regarding activity involving the above messages:

Fax from Store # _____

NOTE: This fax is to be used to report *VOID (RUC) or STOLEN (RUA)* prescriptions **that have been dispensed.**

| | | | |
|----------|---|--------------|--|
| To: | The NS Prescription Monitoring Program | Store Name: | |
| Fax: | 1-902-481-3157 | Store Fax: | |
| Phone: | 1-902-496-7123 1-800-563-8880 | Store Phone: | |
| Subject: | Stolen or Void Prescriptions | Date: | |

Please indicate which type of prescription (Stolen or Void) you dispensed by circling below:

Stolen **Void**

PMP Pad Number: _____

Brief Summary of Events: _____

Pharmacist license number: _____

Pharmacist Name: _____

Pharmacist Signature: _____

Date: _____

Please ensure that a copy of the prescription is forwarded to the PMP – a faxed copy accompanying this form would be ideal, otherwise a photocopy or the yellow copy.