

**NSPMP On-Line
System Guide**

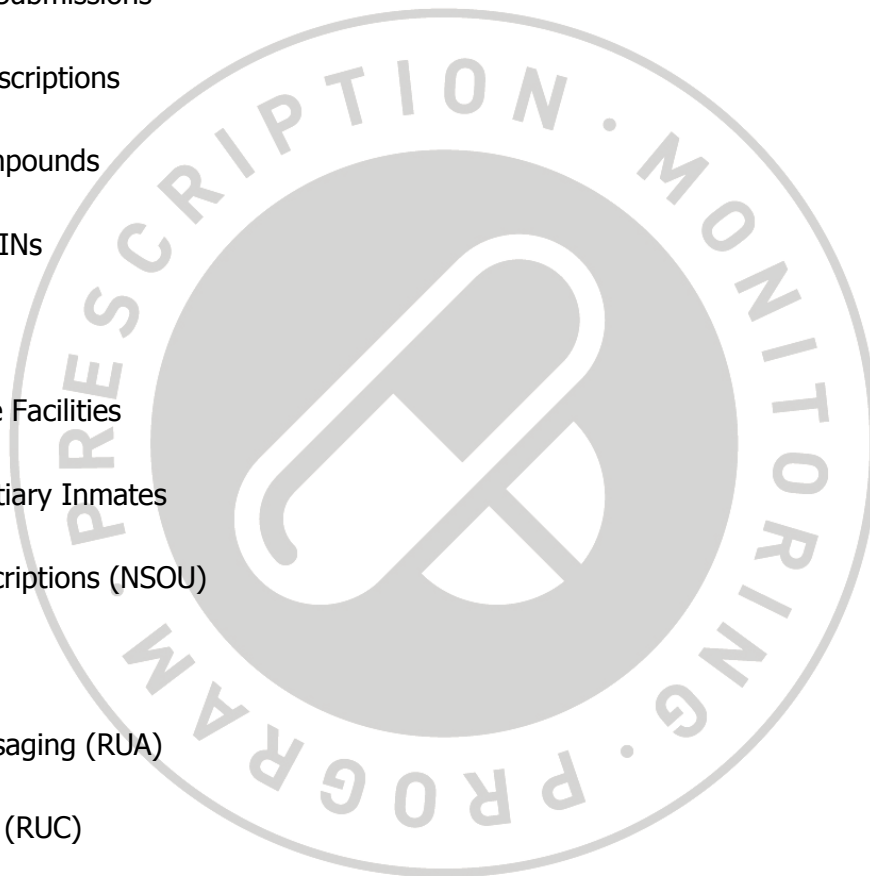
Document Revision History

Date	Description	Version	Updated By
November 1, 2005	Initial Draft	1.0	Stacey Black
November 16, 2005	Miscellaneous updates based on feedback on Initial Draft	2.0	Stacey Black
November 29, 2005	Contact Information	2.0	Stacey Black
December 9, 2005	Compounding PINs	3.0	Stacey Black
December 16, 2005	Federal Penitentiary Inmates	4.0	Stacey Black
December 16, 2005	Long Term Care Facilities	4.0	Stacey Black
16 February 2006	Important Points (existing part-fills)	4.0	Stacey Black
16 February 2006	Important Points (Submitting part-fills)	4.0	Stacey Black
3 May 2006	Formatting	4.2	Ann Foran
3 May 2006	Formatting	4.2	Stacey Black
6-Jun-06	Ships – seafaring vessels and Office Use (pg. 20)	4.3	Stacey Black
13-Jun-06	Addition (AA) to error code table (pg. 13)	4.3	Stacey Black
13-Jun-06	Formatting	4.3	Stacey Black
13-Jul-06	Addition (A3) to error code table (pg. 13)	4.4	Stacey Black
21-Aug-2006	Addition (ZK) to error code table (pg. 13)	4.4	Stacey Black
21-Aug-2006	Addition (EI) to error code table (pg. 13)	4.4	Stacey Black
11-May-2007	Addition of PIN 00994012 methadone	4.5	Stacey Black
11-May-2007	Date formatting for OU scripts (pg. 20)	4.5	Stacey Black
16-May-2007	Addition of PIN 00994013 DHEA (prasterone) (pg.17)	4.5	Stacey Black
29-Nov-07	Changes to reversal codes (pg. 15)	4.6	Cathy Comeau
29-Nov-07	How to Inactivate a prescription (pg. 14)	4.6	Cathy Comeau
29-Nov-07	Quantity field added to multiple prescriber message (pg. 22)	4.6	Cathy Comeau
29-Nov-07	Addition of PIN 00903338 Dexedrine Compound (pg. 17)	4.6	Cathy Comeau
04-Dec-07	Addition of PIN 00903368 Biphentin Compound (pg. 17)	4.6	Cathy Comeau
22-Sept-08	Methadone PINS - changes	4.7	Stacey Black
01-Oct-08	Duplicate pad terminology	4.7	Stacey Black
01-Oct-08	Double Doctoring information pg. 22	4.7	Stacey Black
01-Oct-08	Title and opening letter changes	4.7	Stacey Black

Date	Description	Version	Updated By
30 Mar 2008	Adderall compound PIN	4.7	Stacey Black
28 Sept 2009	Fentanyl compound PIN	4.7	Stacey Black
December 29, 2009	Phenobarbital compound PIN	4.7	Stacey Black
March 11, 2010	Formatting updated	4.8	Stacey Black
August 17, 2010	Addition of Sativex Clinical Trial PIN 00903611 (pg. 17)	4.9	Lori Emery
March 23, 2011	Addition of Ionamin Compound PIN 00903653 (pg. 17)	5.0	Lori Emery
May 17, 2011	Double DINs updated	5.1	Lori Emery
May 27, 2011	Formatting updated	5.2	Lori Emery
July 8, 2011	Addition of information to Prescribing of controlled drugs in Nova Scotia section (bullet #5)	5.3	Lori Emery
December 9, 2011	Addition of clarifying information to bullet #1	5.4	Lori Emery
January 19, 2012	Formatting and revision history updated	5.5	Lori Emery
June 26, 2012	Corrected Biphentin PIN	5.6	Lori Emery
June 26, 2012	Addition of Methadone Injectable PIN	5.6	Lori Emery
September 17, 2012	Revision to Important Points section (Prescriptions not entered into the on-line system)	5.7	Lori Emery
January 14, 2013	Formatting changes	5.8	Lori Emery
	Addition of Butalbital Compound PIN 00903783		
February 13, 2013	Formatting change	5.9	Lori Emery
May 13, 2013	Formatting changes	6.0	Lori Emery
January 29, 2014	Important Points (pg. 7)	6.1	Lori Emery
	Methadone Compounds (pg. 16)		
	Compound PIN - changes (pg. 17)		
April 16, 2015	Important Points – clarification of the exemption for compounded testosterone (pg. 7)	6.2	Lori Emery
	Revised OPINIONS PINs for Diazepam and Testosterone Powder – Compounding PINs section, pg 17.		
September 9, 2015	Spelling error corrected	6.3	Lori Emery
February 25, 2016	Updated hyperlink for User Guide for Transition to the Drug Information System	6.4	Kari McGinley

Table of Contents

Contact Information	5
Important Points	6
Health Card Types and Numbers	8
Claim Submission Response Codes	9
Claim Reversal Submissions	14
Inactivating Prescriptions	14
Methadone Compounds	16
Compounding PINs	17
Double DINs	18
Long Term Care Facilities	19
Federal Penitentiary Inmates	19
Office Use Prescriptions (NSOU)	20
Seafaring Ships	20
Stolen Pad Messaging (RUA)	21
Void Messaging (RUC)	21
Double Doctoring Messaging (NE or NEDD)	22
Void or Stolen Script Reporting	23



Contact Information

Nova Scotia Prescription Monitoring Program

Address:

P.O. Box 2200

Halifax, Nova Scotia B3J 3C6

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

Phone: 902-496-7123

Toll free: 1-877-476-7767

Fax: 902-481-3157

Email: PMP@medavie.bluecross.ca

Website: www.nspmp.ca

NSPMP Medical Consultant

Dr. Peter MacDougall

Phone: 902-478-0546

Fax: 902-481-3157

Email: pcmacdou@gmail.com



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 for topical application for local effect to the vaginal area) 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 duplicate prescription pad, except as noted below under **Prescriptions not currently monitored by the NSPMP** section.
3. Prescribers are not permitted to share personalized prescription pads.
4. The prescription pads contain a "PMP ID" pre-printed on the pads that correspond with the individual prescriber.
5. A prescriber must only prescribe one drug per prescription form. However, it is acceptable to prescribe more than one strength of a drug on one prescription form in order to achieve the desired dose. **Refer to page 18.**

Requirement to register with NSPMP:

6. 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.
7. 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.
8. Prescribers must be registered with the NSPMP to prescribe monitored drugs.

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 duplicate form – they are to be adjudicated and sent to PMP on-line using the process as outlined on **page 19**.
11. Prescriptions for Federal inmates are not required to be written on a duplicate – they are to be adjudicated and sent to PMP on-line using the process outlined on **page 19**.

12. Prescriptions for an in-patient of a hospital, as defined by the Hospitals Act, are not required to be written on a duplicate form. These are not monitored at this time.

Important Points (continued)

Handling part-fills:

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. Pharmacists must submit the prescription to the NSPMP as soon as is reasonably possible.

Drug Information System:

18. Pharmacies connected to the provincial Drug Information System please refer to the ***User Guide for Transition to the Drug Information System***. This guide is located on the NSPMP website at <http://www.nspmp.ca/library/00000362-library.pdf>

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 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

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 E – quantity dispensed	Patient on submitted claim has had another narcotic/controlled prescription(s) written by another prescriber and filled within last 30 days at another pharmacy.	This message may or may not indicate a potential overuse/misuse situation. Further assessment is needed. See page 22 of this guide for further information.
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.

RESPONSE CODE	DEFINITION	MEANING	ACTION
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.
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: 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 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.

RESPONSE CODE	DEFINITION	MEANING	ACTION
R52	New/refill code error.	New/refill code must be N or R.	Resubmit claim with valid new/refill code value.
R54	Refill/repeat authorization error.	Refill/repeat auth. must be entered on claim and must be numeric.	Resubmit with valid refill/repeat authorization
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.
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

RESPONSE CODE	DEFINITION	MEANING	ACTION
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 2. Product has not yet been added to PMP drug benefit list 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. See pg. 21 for more information.
RUC	Void special authorization# /code error.	PMP pad number submitted on claim is flagged as "void". This status is set by PMP.	Contact Program. See pg. 21 for more information.
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 D – current Rx number	PMP prescription with same PMP pad number already exists.	Assess situation and act accordingly.

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. See pg. 14 for more information.
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 info. 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.

INTERVENTION/ CODE	DEFINITION	MEANING	PRESCRIPTION STATUS SET BY REVERSAL
DURE (RE is optional based on user's software)	For drug utilization only. Data entry error.	Reversal submitted due to keying error when claim was originally submitted.	ACTIVE
DURR (RR is optional based on user's software)	For drug utilization only. Prescription refused by patient.	Reversal submitted as patient refused to accept medication. (eg. cost, etc.)	ACTIVE

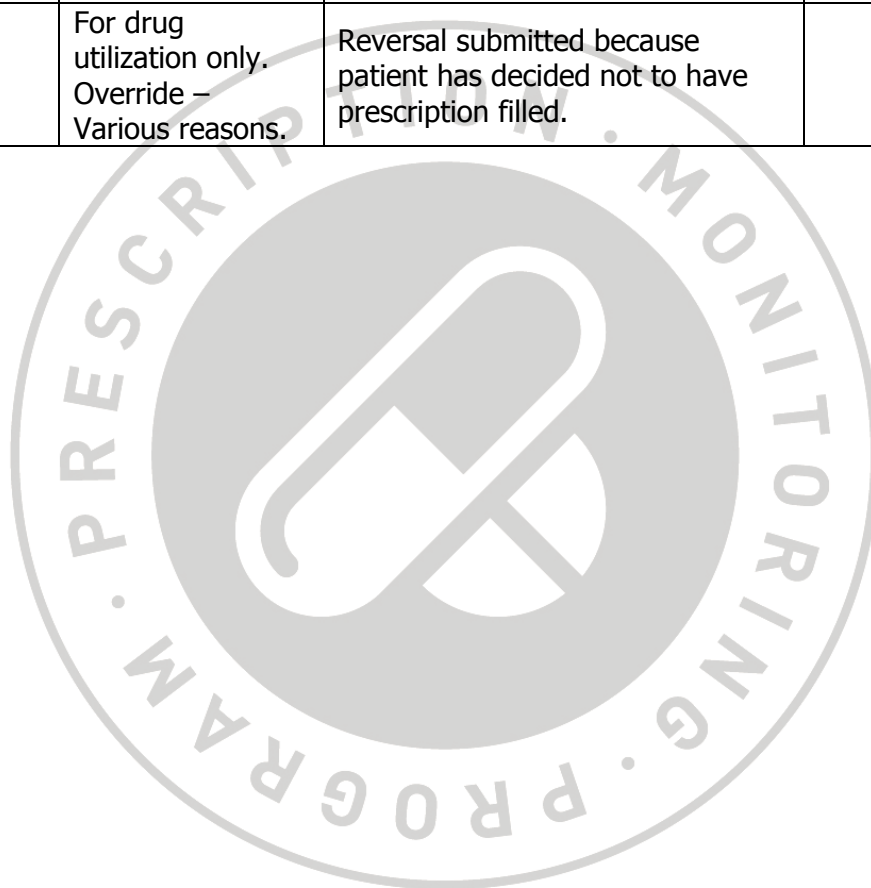
Inactivating Prescriptions

The intervention code chosen by the pharmacist will change the status of the prescription in the PMP database. When the status is changed to "Inactive", the PMP pad number can no longer be used by any pharmacy to submit the claim on-line to the Program. Any attempt to do so will result in a rejection of the claim. An intervention code must be specified as to why the prescription is being inactivated.

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

INTERVENTION/ CODE	DEFINITION	MEANING	PRESCRIPTION STATUS SET BY REVERSAL
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
DUMG	For drug utilization only. Override – Various reasons.	Reversal submitted because patient has decided not to have prescription filled.	INACTIVE



Methadone Compounds

When dispensing methadone compounds with/without Tang or diluents:

- Identify and enter the PIN/DIN below that corresponds with the suspension being made with either the methadone powder or with Metadol O/L.
- Enter the quantity dispensed in mg.
- Enter the number of day's supply being dispensed.

For example: A duplicate prescription is presented for methadone 2240mg to be dispensed as 80mg OD in Tang for pain for 28 days.

Daily	Weekly
Metadol 10mg/ml OL: DIN 02241377*	Metadol 10mg/ml OL: DIN 02241377*
Metadol 1mg/ml OL: DIN 02247694*	Metadol 1mg/ml OL: DIN 02247694*
Methadone powder: PIN 99099993*	Methadone powder: PIN 99099993*
Quantity Dispensed: 80mg	Quantity Dispensed: 560mg
Days Supply: 1	Days Supply: 7

***Use the PIN/DIN that is appropriate to product used to prepare the prescription.**

PIN/DIN	Product	MFR
02241377	Metadol 10mg/ml O/L	PMS
02247694	Metadol 1mg/ml O/L	PMS
99099993 (new PIN)	Methadone Powder O/L	Various

Compounding PINs

The NSPMP has recently made changes to compounds which include a monitored drug ingredient. Compounds previously represented by a PMP assigned PIN will now be represented by registered OPINIONS PINs.

Effective February 1, 2014, all NS pharmacies will be required to use the new PINs when submitting claims for monitored drug ingredient compounds. Select the PIN that best corresponds with the **MONITORED DRUG** in the compound.

NSPMP Monitored Drug Chemical	OPINIONS PIN	Notes
Belladonna Tincture	99099966	
Cocaine Powder	99099974	
Codeine Powder	99099975	
Dexedrine Trial	99099976	
DHEA (prasterone)	99099977	
Diazepam Powder	99099963	Created for use by DIS pharmacies only
Fentanyl Powder	99099978	
Generic Monitored Ingredient	99099979	
Hydromorphone Powder	99099980	
Ketamine Powder	99099981	
Methadone Powder	99099993	
Methylphenidate Trial	99099984	Must be entered on-line as it is dispensed. Please do not enter the total quantity and total day supply on prescriptions that will have future part-fills dispensed. Each part-fill is to be entered on-line as it is dispensed. Refer to page 7, Handling Part-fills
Midazolam Powder	99099964	Created for use by DIS pharmacies only
Morphine Powder	99099986	
Sativex Trial	99099991	
Testosterone Powder	99099965	

- **"Placebo" drugs** used for clinical trials do not need to be submitted on-line.
- **Drug Information System Users** – refer to page 10 of the *User Guide for Transition to the Drug Information System* <http://www.nspmp.ca/library/00000316-library.pdf>

Double DINs

The NSPMP system will electronically accept claims for two or more strengths of the same drug*, written on one duplicate 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.

Example: A prescription written for MS Contin 130mg, qty 100 for 30 days would be filled with two different strengths of MS Contin.

Patient A	Patient A
MS Contin 100 mg	MS Contin 30 mg
Quantity 100	Quantity 100
Days Supply 30	Days Supply 30
PMP Prescription: 123123	PMP Prescription: 123123
"New" fill	"New" fill

***Please Note:** A prescriber must only prescribe one drug per prescription form as per the PMP Regulations.

Long Term Care Facilities

Prescriptions written for patients living in LTC facilities are not typically written on a duplicate 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: NSOU
- HCN: 0011984283
- Days Supply: 999
- DOB: 01/01/01 (or 01/01/2001)
- 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: NSOU
- HCN: 0011984283
- 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 harm’s way enforcing Program policy or procedures.
- The customer does not need to be detained at the store if they present a stolen prescription.
- Pharmacists should rely on their professional judgment when dealing with a patient.
- When your store is in receipt of a stolen prescription, the NSPMP can assist in the following ways:
 - Provide a patient profile. This can be done either by calling PMP or by using eAccess.
 - Record details pertaining to the stolen duplicate prescription.
 - Confirm stolen duplicate prescription pad numbers with the prescriber.
 - Once stolen prescription pads are confirmed, the NSPMP can mark the remaining unfilled, stolen duplicates as “Stolen” so that other pharmacies will receive messaging on subsequent fill attempts. This can also be done in the store by following the procedure on page 14 of this guide - *Inactivating Prescriptions*.
 - Once stolen prescription pads are confirmed, the NSPMP can alert NS pharmacies of the theft - if appropriate.

Void Messaging (RUC)

This message indicates that the prescription pad and the script numbers associated with that pad have been inactivated; either because the prescriber has had a change to their status (i.e. retired, restriction, etc) or because the pad has been identified as lost by the prescriber. 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 fraud has been committed.

Potential Double Doctoring Messaging (NE or NEDD)

This message may indicate a **potential** overuse/misuse situation. It is very important to note that this message does not explicitly imply double doctoring. This message was designed to give pharmacists access to more patient information.

In order to receive a **"NE"** message that may or may not indicate a possible Multiple Doctoring, the patient on a submitted claim must have had another narcotic/controlled duplicate prescription(s) **written by another prescriber and filled within last 30 days at another pharmacy**. Please note that this message will only be received on "new" fills and not part-fills.

When this message is displayed, pharmacies will receive up to a maximum of three messages stating which drugs previously dispensed are conflicting with the prescription being entered. This message includes the following information:

- The transaction date of the conflicting claim
- The pharmacy phone number that filled the conflicting claim
- The drug name of the conflicting claim
- The quantity dispensed for the conflicting claim

Please Note: If there are more than three possible conflicting claims, you will receive a **"DD"** response code which indicates **"more drug interactions"**. The number of messages that you receive may also be impacted by your pharmacy software.

This message **may or may not** indicate a potential overuse/misuse situation - it is up to the pharmacist to use his/her discretion and professional judgment to determine what appropriate action needs to be taken - if any. Some possible actions may be:

- Since the potential overuse/misuse message provides the phone number of the pharmacy that dispensed the conflicting prescription(s) a pharmacist may contact that pharmacy for more information
- Call the NSPMP at 902-496-7123 and request a patient profile listing all duplicate prescriptions filled. This process can be completed within minutes.
- Contact the prescriber

The following is an example of an NEDD message:

Message 1 NEDD*2009/01/30*9021234567*100*ENDOCET
Message 2 NEDD*2009/01/29*9021234567*75*ENDOCET
Message 3 NEDD*2009/01/25*9021234567*125*ENDOCET

Labels and arrows:
- Pharmacy telephone number: points to 9021234567 in Message 1
- Drug quantity: points to 100 in Message 1
- Drug Name: points to ENDOCET in Message 1
- Date of conflicting prescription fill: points to 2009/01/30 in Message 1

Please note that messaging may appear differently based on pharmacy software.

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 1-877-476-7767	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.