

Surescripts® CancelRx on latest addendum of Service Pack 19.1.18

General Information: QS/1 has certified CancelRx messages with Surescripts on the latest addendum of Service Pack 19.1.18. Physicians can cancel an order within their EHR/EMR system and now send that CancelRx message to the pharmacy via Surescripts e-Prescribing. Previously, this was a manual process; the physician or someone on their staff had to call the pharmacy and tell them to cancel an order. Orders can be cancelled for numerous reasons. For example, the physician made an error and intends to cancel the initial order and send a new one in its place or the physician does not want the patient taking the medication any longer, so he sends a CancelRx to the pharmacy where the pharmacy discontinues the order.

Setup: Pharmacies have to sign up for CancelRx messaging with Surescripts by contacting Database Services at 800.845.7558, ext. 1424. Database Services has to log into the Surescripts Admin Console and enable CancelRx for participating pharmacies.

Pharmacies can choose to send CancelRx messages to the Tickler by selecting **Cancel Rx from Prescriber** in **Store Level Options, Rx Processing, Tickler File Options** column. Functionality for processing the CancelRx messages from the Tickler is the same as processing them from the Mail Scan.

Store Options: QS/1 TEST (Store 0)

Rx Processing Options

Level of Pending: 1 - Pend Clinical Monitoring Dispensing System: D

Processing Options	Tickler File Options
Paid DUR in Tickler/Workflow: <input type="checkbox"/>	IVR Refill Requests: <input checked="" type="checkbox"/>
Pre/Post Edits in Tickler/Workflow: <input type="checkbox"/>	Customer Web Refills: <input checked="" type="checkbox"/>
Pharmacist Login Required Before Fill: <input type="checkbox"/>	Prescriber Refill Responses: <input checked="" type="checkbox"/>
Technician Login Required Before Fill: <input type="checkbox"/>	Prescriber Refill Requests: <input checked="" type="checkbox"/>
Require Login for Preference Change: <input type="checkbox"/>	New Rx's from Prescriber: <input checked="" type="checkbox"/>
Print on Profile Only: <input type="checkbox"/>	Third Party Errors: <input checked="" type="checkbox"/>
Let Remotes View All Stores Inventory: <input checked="" type="checkbox"/>	Tickler File History: <input checked="" type="checkbox"/>
	Cancel Rx from Prescriber: <input checked="" type="checkbox"/>
	Electronic Census Message: <input checked="" type="checkbox"/>
	Resupply Rx Messages: <input checked="" type="checkbox"/>
	Prior Authorization Web Requests: <input type="checkbox"/>

There is a CancelRx option on the Electronic Rx tab of the Prescriber Record; however, at this time, this option is not used. The CancelRxResponse is sent in return from where the CancelRx was received. This option could be used as a visual indicator to know whether this prescriber uses CancelRx.

os4 PrimeC

File Edit New Reports Inventory A/R Facility Management Store Control System Utilities Help

Log Out Rx Tasks Reactivate Next Electronic Rx Transfer Void

Mail Scan

New Prescription Mail Scan

#	ePrescription Status	Name	Date	Time	Drug Information
F3	P Accepted	PATIENT, TEST	08/31/16	09:08	CRESTOR 20MG TABLET
F4	#	SMITH, JACK	08/31/16	09:08	FUROSEMIDE 20MG TABLET
F5	*	SMITH, JACK	08/31/16	09:01	FUROSEMIDE 20MG TABLET
F6	*	PATIENT, TEST	08/31/16	08:44	CRESTOR 20MG TABLET
F7	P Accepted	PATIENT, TEST	08/31/16	08:29	CRESTOR 20MG TABLET
F8	P Accepted	SMITH, JACK	08/31/16	08:27	FUROSEMIDE 20MG TABLET
F9	#	LI, CI	08/30/16	16:54	ZIOPTAN .0015% OPTHALMIC SO
F10	*	CPOE, AA	08/30/16	16:54	FV Aspidrox 325 mg tablet
F11	*	Gonzales, Rubio	08/30/16	16:54	ASPIR-LOW 81MG TABLET EC MAJ
F12	*	AUGUST, HEALTHIX	08/30/16	16:54	Morgidox 1x100 100 mg kit

PDQ-0001 A CANCEL RX MESSAGE HAS BEEN RECEIVED FOR THIS PRESCRIPTION.

PrimeC

File Edit New Reports Inventory A/R Facility Management Store Control System Utilities Help

Log Out Rx Tasks Deactivate Next Electronic Rx Transfer Void

Mail Scan

New Prescription Mail Scan

#	ePrescription Status	Name	Date	Time	Drug Information
F3	P Accepted	PATIENT, TEST	08/31/16	09:08	CRESTOR 20MG TABLET
F4	#	SMITH, JACK	08/31/16	09:08	FUROSEMIIDE 20MG TABLET
F5	*	SMITH, JACK	08/31/16	09:01	FUROSEMIIDE 20MG TABLET
F6	*	PATIENT, TEST	08/31/16	08:44	CRESTOR 20MG TABLET
F7	P Accepted	PATIENT, TEST	08/31/16	08:29	CRESTOR 20MG TABLET
F8	P Accepted	SMITH, JACK	08/31/16	08:27	FUROSEMIIDE 20MG TABLET
F9	*	LI, CI	08/30/16	16:54	ZIOPTAN .0015% OPTHALMIC SO
F10	*	CPOE, AA	08/30/16	16:54	FV Aspidrox 325 mg tablet
F11	*	Gonzales, Rubio	08/30/16	16:54	ASPIR-LOW 81MG TABLET EC MAJ
F12	*	AUGUST, HEALTHIX	08/30/16	16:54	Morgidox 1x100 100 mg kt

PDQ-0001 A CANCEL RX MESSAGE HAS BEEN RECEIVED FOR THIS PRESCRIPTION.

The pharmacy can review the CancelRx message sent from the physician in the Cancel Msg. portion of the Mail Scan. The CancelRx Msg portion of the Mail Scan has been updated to display both CancelRx messages (* = unread, P = Processed, # = Deactivated) and CancelRxResponse messages sent back to the physician (R = Response). The Message column of the Cancel Msg. Mail Scan displays whether the CancelRx message from the pharmacy was Denied or Accepted.

In the scenario of Case 1, since the QS/1 system automatically marks the records as processed and a # displays beside the unprocessed NewRx, the system automatically creates and sends an Accepted CancelRxResponse to the physician.

IVR Refills

Prescriber Voicemail

Patient Voicemail

New Rx

Refill Request

Refill Response

Cancel Msg.

Census Msg.

Rx Fill Msg.

Resupply Request

Mail Log

Mail Scan

Cancel Prescription Mail Scan

#	Date	Time	Name	Drug	Message
F3	R	08/31/16	15:31	,	Denied
F4	P	08/31/16	09:15	PATIENT, TEST	CRESTOR 20MG TABL
F5	R	08/31/16	09:15	,	Accepted
F6	*	08/31/16	09:15	SMITH, JACK	FUROSEMIDE 20MG T
F7	R	08/31/16	08:50	,	Denied
F8	P	08/31/16	08:48	PATIENT, TEST	CRESTOR 20MG TABL
F9	R	08/31/16	08:48	,	Accepted
F10	P	08/31/16	08:44	SMITH, JACK	FUROSEMIDE 20MG T
F11	R	08/30/16	16:54	,	Accepted
F12	*	08/30/16	16:54	LI, CI	ZIOPTAN .0015% OP

The following screen displays when the pharmacy selects the CancelRx message:

FileEditNewReportsInventoryA/RFacility ManagementStore ControlSystem UtilitiesHelp

Log OutRx TasksElectronicPrescriptionRx ProfilePrint Electronic InfoResend

Cancel Request Response Failed

Request: Cancel Prescription

Message:Rx Number: 00000000

First Name: CIDrug Name: ZIOPTAN .0015% OPH

Last Name: LIDrug Quantity: 1

Address: 116 TESTING RDQuantity Qualifier:

Zip Code: 29361DAW: No Product Selection Indicated

Birth Date: 10/18/1923Additional Fills Authorized: 0

Room/Bed:

Agent First Name: AFIRSTNAMEDoctor Name: Evans, Lily

Agent Last Name: AGENTLASTDoctor Address: 2800 Crystal Dr

SIG: DDoctor DEA Number: AS9432042-123

Free Text:

LI, CI DOB:10/18/1923

Cancel Prescription for LI, CI

Date received: 08/30/2016

[Show Information](#) | [Show Segments](#)

Patient Name: LI, CI

Address: 116 TESTING RD

City, ST, Zip: SPARKLEBURG, SC 29361

Date Of Birth: 10/18/1923

Telephone: (864) 253-8600

Gender: M

Medical Record #: 0231

[View Interactive Interchange Control Header \(UIH\) Segment](#)

[View Interactive Message Header \(UIH\) Segment](#)

[View Prescriber Segment](#)

[View Pharmacy Segment](#)

[View Patient Segment](#)

[View Drug Segment](#)

**** INTERACTIVE INTERCHANGE CONTROL HEADER ****

[Return To Top](#)

Segment tag: UIH

Segment identifier: UNQA

Syntax version number: 0

Transaction control reference: 61cae1deac20452da13aca799be733d0

Prescriber ID: 6451880788001

Pharmacy ID: 0000280

Date: 08/30/2016

Event Time: 20:51:55.0

**** INTERACTIVE MESSAGE HEADER ****

[Return To Top](#)

Segment tag: UIH

Message type: SCRIPT

Message version number: 010

Message release number: 006

Message function: CANRX

Prescriber Order Number: 0227161

Date: 08/30/2016

Event Time: 20:51:55.0

**** PROVIDER INFORMATION (Prescriber) ****

[Return To Top](#)

Provider Type: Prescriber

NPI: 1871598417

DEA: AS9432042-1234

Agency: Health Care Provider Taxonomy Code Set

Provider Specialty Code: 2083P0901X

Last Name: Evans

First Name: Lily

Middle Name: BSB

Suffix: SFX

Prefix: PFX

Party Name: Gryffindor House 10.6

Street Address: 2800 Crystal Dr

City: Arlington

State: VA

qs1 PrimeCare

THE QS1 PRODUCT FOR INSTITUTIONAL PHARMACIES

PrimeCare - QS/1 TEST (Store 0)

FileEditNewReportsInventoryA/RFacility ManagementStore ControlSystem UtilitiesHelp

Log OutRx TasksElectronicPrescriptionRx ProfilePrint Electronic InfoResend

Cancel Request Response Failed

Request: Cancel Prescription

Messages:Rx Number: 00000000

First Name: CILast Name: LIDrug Name: ZIOPTAN .0015% OPHDrug Quantity: 1Address: 116 TESTING RDZip Code: 29361Birth Date: 10/18/1923Room/Bed:Agent First Name: AFBSTNAMEAgent Last Name: AGBTLASTSIG: D

Quantity Qualifier: 1DAW: No Product Selection IndicatedAdditional Pills Authorized: 0Doctor Name: Evans, LilyDoctor Address: 2800 Crystal DrDoctor DEA Number: A59432042-123

Free Text:

qs/1PrimeCare

THE QS/1 PRODUCT FOR INSTITUTIONAL PHARMACIES

System Date: 09/07/2016All tasks runningPHARMACIST THECONSOLECAPSNUMDING

LI CI DOB:10/18/1923

Last Name: EVANSFirst Name: LilyMiddle Name: BSBPrefix: PFXParty Name: Gryffindor House 10.6Street Address: 2800 Crystal DrCity: ArlingtonState: VAZip Code: 22202Place/Location Qualifier: A02Place/Location: Ste 201Telephone: (703) 212-3443Fax: (703) 453-3456Agent Last Name: AGENTLASTAgent First Name: AGBTNAMEAgent Suffix: AGENTSJFXAgent Prefix: AGHTPRFX

** PROVIDER INFORMATION (Pharmacy) **[Back to Top](#)Provider Type: PharmacyNCPDP ID: 0000280Party Name: TEST CUSTOMER 2Telephone: (803) 503-9455

** PATIENT INFORMATION **[Back to Top](#)Segment code: PTTDate of Birth: 10/18/1923Last Name: LIFirst Name: CIGender: MMedical Record #: 0231Street Address: 116 TESTING RDCity: SPARKLEBURGState: SCZip Code: 29361Telephone: (864) 253-8600

** DRUG INFORMATION **[Back to Top](#)Segment code: DRUPrescribedDrug Loop Type: ZIOPTAN .0015% OPHTHALMIC SOLUTIONDrug #: 17478060930Responsible Agency: NDCQuantity: 1Original Quantity: 1Source Code List: ACS4702Potency Unit Code: D Dosage: 02/27/2016Date Written: 302Date Format: No Product Selection IndicatedDAW: R (Number of Refills)Refill: 0Quantity: 0

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Note: The CancelRxResponse messages are small 10.6 messages; only the status of the CancelRxResponse (Denied/Approved) is viewable on the Cancel Msg. tab of the Mail Scan. It is not meaningful to display the CancelRxResponse on the 10.6 sidebar (see example below).

IVR Refills

Prescriber Voicemail

Patient Voicemail

New Rx

Refill Request

Refill Response

Cancel Msg.

Mail Scan

Cancel Prescription Mail Scan

#	Date	Time	Name	Drug	Message
F3	R	08/31/16	15:31	,	Denied
F4	P	08/31/16	09:15	PATIENT, TEST	CRESTOR 20MG TABL
F5	R	08/31/16	09:15	,	Accepted
F6	*	08/31/16	09:15	SMITH, JACK	FUROSEMIDE 20MG T
F7	R	08/31/16	08:50	,	Denied
F8	P	08/31/16	08:48	PATIENT, TEST	CRESTOR 20MG TABL
F9	R	08/31/16	08:48	,	Accepted
F10	P	08/31/16	08:44	SMITH, JACK	FUROSEMIDE 20MG T
F11	R	08/30/16	16:54	,	Accepted
F12	*	08/30/16	16:54	LI, CI	ZIOPTAN .0015% OP

```
<Header>
{Refer to section 8.2 Standard Header}
</Header>
<Body>
  <CancelRxResponse>
    <Request>
      <ReturnReceipt>1</ReturnReceipt>
      <RequestReferenceNumber>12</RequestReferenceNumber>
    </Request>
    <Response>
      <Approved>
        <ApprovalReasonCode>AG</ApprovalReasonCode>
        <Note>A note is written here.</Note>
      </Approved>
    </Response>
  </CancelRxResponse>
</Body>
```

Case 2: NewRx has NOT been processed, but mismatch on CancelRx PON, no/mismatch on RxReferenceNumber

NewRx displays in the Mail Scan. The pharmacy processes the prescription.

cs1 NRx

File Edit New Reports Inventory A/R Facility Management Store Control System Utilities Help

Log Out Rx Tasks Deactivate Next Electronic Rx Transfer Void

Mail Scan

New Prescription Mail Scan

#	ePrescription Status	Name	Date	Time	Drug Information
F3	P Accepted	PATIENT, TEST	08/31/16	09:08	CRESTOR 20MG TABLET
F4	#	SMITH, JACK	08/31/16	09:08	FUROSEMIDE 20MG TABLET
F5	*	SMITH, JACK	08/31/16	09:01	FUROSEMIDE 20MG TABLET
F6	*	PATIENT, TEST	08/31/16	08:44	CRESTOR 20MG TABLET
F7	P Accepted	PATIENT, TEST	08/31/16	08:29	CRESTOR 20MG TABLET
F8	P Accepted	SMITH, JACK	08/31/16	08:27	FUROSEMIDE 20MG TABLET
F9		LI, CI	08/30/16	16:54	ZIOPTAN .0015% OPHTHALMIC SO
F10	*	CPOE, AA	08/30/16	16:54	FV Aspidrox 325 mg tablet
F11		Gonzales, Rubio	08/30/16	16:54	ASPIR-LOW 81MG TABLET EC MAJ
F12	*	AUGUST, HEALTHIX	08/30/16	16:54	Morgidox 1x100 100 mg kit

IVR Refills
Prescriber Voicemail
Patient Voicemail
New Rx
Refill Request
Refill Response
Cancel Msg.
Census Msg.
Rx Fill Msg.
Resupply Request
Mail Log

FileEditNewReportsInventoryA/RFacility ManagementStore ControlSystem UtilitiesHelp

Log OutRx TasksNewPreviousNext

Scan Patients

Search Criteria

Last Name

In Facility

Find

Edit Columns

O...	Status	System	Name	Address	Home Phone	Birth	Medical R...	F...	SSN	Room	ID	Alias	Cell Phone	Alternate P...	Work
F3		r	SMITH, JACK	116 TESTING RD	864-252-8600	10/18/1949	0231					SMITJ			

Show Inactive

Cancel Msg.

Census Msg.

Rx Fill Msg.

Resupply Request

Mail Log

os1NRx

THE Q&I PRODUCT FOR PHARMACY

SMITH, JACK DOB:10/18/1949

New Electronic Prescription Information

Date received: 08/31/2016

Show Information | Show Segments

Patient Name: SMITH, JACK

Address: 116 TESTING RD

City, ST, Zip: TEST, SC 29361

Date Of Birth: 10/18/1949

Telephone: (864) 253-8600

Gender: M

Medical Record #: 0231

View Interactive Interchange Control Header (U0) Segment

View Interactive Message Header (U0H1 Segment)

View Prescriber Segment

View Pharmacy Segment

View Patient Segment

View Drug Segment

** INTERACTIVE INTERCHANGE CONTROL HEADER **

Return To Top

Segment Tag: I0B

Segment identifier: UNQA

Syntax version number: 0

Transaction control reference: h028b7760b4743d885b55ec9397a57bf

Prescriber ID: 6451880788001

Pharmacy ID: 0000280

Date: 08/31/2016

Event Time: 13:00:06.3

** INTERACTIVE MESSAGE HEADER **

Return To Top

Segment tag: UBH

Message type: SCRIPT

Message version number: 010

Message release number: 006

Message function: NEWRX

Prescriber Order Number: 0831163

Date: 08/31/2016

Event Time: 13:00:06.3

** PROVIDER INFORMATION (Prescriber) **

Return To Top

Provider Type: Prescriber

NPI: 1871598417

DEA: A59432042-1234

Agency: Health Care Provider Taxonomy Code Set

Provider Specialty Code: 2083P0901X

Last Name: Evans

First Name: Lily

Middle Name: BSB

Suffix: SFX

Prefix: PFX

Party Name: Gryffindor House 10.6

Street Address: 2800 Crystal Dr

City: Arlington

State: VA

FileEditNewReportsInventoryA/RFacility ManagementStore ControlSystem UtilitiesHelp

Log OutRx TasksFillProfile OnlyPend/NotesSaveDocumentsHistoryVerify NDCDiscontinueClinical CheckPrintAccess FilesPricing

Rx Summary: #06002244 for SMITH, JACK (Birth Date: 10/18/1949)

General Information

Rx Number06002244

Patient: SMITH, JACK

Charge:

Prescriber: TESTINI, DOCTOR

Primary: USC

URC Plan:

Secondary:

Tertiary:

Drug: FUROSEMIDE 20 MG TABLET

Generic:

Sign: TAKE ONE TABLET DAILY

English:

HQAI:

Frequency:

Cycle Fill:

Rx Notes: 090816 Documenting CancelRx and CancelRxResponse

Quantity Information

Authorized: 30

Days Supply: 30

Dispensed: 30

Refills Authorized: 11

Remaining: 30

Refills Remaining: 11

Rx Dates

Last Filled:

Written: 08/31/2016

Stop: 09/31/2017

Original Rx: 09/09/2016

Expiration: 09/08/2017

Date Due: 09/08/2017

Recall:

Cycle Date:

Other Information

Auth Number:

Status: Active

DAW: N 0 - No Product

Special:

Short Cycle:

Pricing Information

Price: 0.99

Full

Part

Acquisitions: \$3.69

Secondary: \$0.00

Profit %: 143.43%

Tertiary: \$0.00

Copy: \$0.00

Third Party: \$0.99

Drug Description

This drug is a white, round-shaped, tablet imprinted with M2 on one side.

Additional Rx Information

Place of Service:

Type of Service:

Special Pkg Ind:

Rx Origin: 3 - Electronic

Messages

Primary Errors

Person Code Required

Drug Manufacturer - MTLAH

SMITH, JACK DOR:10/18/1949

New Electronic Prescription Information

Date received: 08/31/2016

Show Information

Show Segments

Drug Name:

FUROSEMIDE 20MG TABLET

NDC:

17478060930

Quantity Authorized:

30

Unit:

Carton

Prescriber:

Evans, Lily

Sig:

TAKE ONE TABLET DAILY

Refills Authorized:

11

Written Date:

08/31/2016

DAW Code:

0 [No Product Selection Indicated]

View Interactive Interchange Control Header (Full) Segment

View Interactive Message Header A (H) Segment

View Prescribe Segment

View Pharmacy Segment

View Patient Segment

View Drug Segment

** INTERACTIVE INTERCHANGE CONTROL HEADER **

Return To Top

Segment Tag:

UIT

Segment Identifier:

UNQA

Syntax version number:

0

Transaction control reference:

6d20b7760b-6742d85b55ec9307a57bf

Prescriber ID:

6451860788001

Pharmacy ID:

0000280

Date:

08/31/2016

Event Time:

13:00:06.3

** INTERACTIVE MESSAGE HEADER **

Return To Top

Segment Tag:

UIT

Message Type:

SCRIPT

Message version number:

010

Message release number:

006

Message function:

NEWRX

Prescriber Order Number:

0831163

Date:

08/31/2016

Event Time:

13:00:06.3

** PROVIDER INFORMATION (Prescriber) **

Return To Top

Provider Type:

Prescriber

NPI:

1071598417

DLA:

A09432042-1224

Agency:

Health Care Provider Taxonomy Code Set

Provider Specialty Code:

200.3P0901X

Last Name:

Evans

First Name:

Lily

Middle Name:

USG

Suffix:

SFX

Prefix:

PTX

Party Name:

Gryffindor House 10.6

Street Address:

2800 Crystal Dr

System Date: 09/08/2016

All tasks running

PHARMACIST THE | CONSOLE | CAPS | NEM | INS

13

The pharmacy processes through its CancelRx orders and selects an item to process.

FileEditNewReportsInventoryA/RFacility ManagementStore ControlSystem UtilitiesHelp

Log OutRx TasksDeactivatePreviousNextProcess

Mail Scan

Cancel Prescription Mail Scan

#	Date	Time	Name	Drug	Message
F3	R	08/31/16	15:31	,	Denied
F4	P	08/31/16	09:15	PATIENT, TEST	CRESTOR 20MG TABL
F5	R	08/31/16	09:15	,	Accepted
F6	*	08/31/16	09:15	SMITH, JACK	FUROSEMIDE 20MG T
F7	R	08/31/16	08:50	,	Denied
F8	P	08/31/16	08:48	PATIENT, TEST	CRESTOR 20MG TABL
F9	R	08/31/16	08:48	,	Accepted
F10	P	08/31/16	08:44	SMITH, JACK	FUROSEMIDE 20MG T
F11	R	08/30/16	16:54	,	Accepted
F12		08/30/16	16:54	LI, CI	ZIOPTAN .0015% OP

IVR Refills

Prescriber Voicemail

Patient Voicemail

New Rx

Refill Request

Refill Response

Cancel Msg.

Census Msg.

Rx Fill Msg.

Resupply Request

Mail Log

NRx - QS/1 TEST (Store 0)
SMITH, JACK DOB:10/18/1949

File Edit New Reports Inventory A/R Facility Management Store Control System Utilities Help

Log Out Rx Tasks Electronic Prescription Rx Profile Print Electronic Info Deny CancelRx

Cancel Request

Request: Cancel Prescription

Message:		Rx Number: 00000000
First Name: JACK	Drug Name:	FURCOSEHIDE 20MG TA
Last Name: SMITH	Drug Quantity:	30
Address: 116 TESTING RD	Quantity Qualifier:	Original Quantity
Zip Code: 29361	DAW:	No Product Selection Indicated
Bir th Date: 10/18/1949	Additional Pils Authorized:	11
Room/Bed:		
Agent First Name: AGRSTNAME	Doctor Name:	Evans, Lily
Agent Last Name: AGENTLAST	Doctor Address:	2800 Crystal Dr
SIG: TAKE ONE TABLET DAILY	Doctor DEA Number:	AS9432042-123
Free Text:		

No matching prescription found.

Cancel Prescription for SMITH, JACK

Date received: 08/31/2016

[Show Information](#) | [Show Segments](#)

Patient Name: SMITH, JACK
 Address: 116 TESTING RD
 City, ST, Zip: TEST, SC 29361
 Date Of Birth: 10/18/1949
 Telephone: (864) 253-8600
 Gender: M
 Medical Record #: 0231

[View Interactive Interchange Control Header \(/IIC\)](#) Segment
[View Interactive Message Header \(/IMH\)](#) Segment
[View Prescriber Segment](#)
[View Pharmacy Segment](#)
[View Patient Segment](#)
[View Drug Segment](#)

**** INTERACTIVE INTERCHANGE CONTROL HEADER ****
[Return To Top](#)
 Segment Tag: IICB
 Segment Identifier: UNQA
 Syntax version number: 0
 Transaction control reference: 4767b7c470bb6d40be9dc8be6dd7a591d
 Prescriber ID: 6451880788001
 Pharmacy ID: 0000280
 Date: 08/31/2016
 Event Time: 13:13:52.6

**** INTERACTIVE MESSAGE HEADER ****
[Return To Top](#)
 Segment Tag: IICB
 Message Type: SCRIPT
 Message version number: 010
 Message release number: 006
 Message function: CANRX
Prescriber Order Number: 0831164
 Date: 08/31/2016
 Event Time: 13:13:52.6

**** PROVIDER INFORMATION (Prescriber) ****
[Return To Top](#)
 Provider Type: Prescriber
 NPI: 1071599417
 DEA: AS9432042-1234
 Agency: Health Care Provider Taxonomy Code Set
 Provider Specialty Code: 2083P0901X
 Last Name: Evans
 First Name: Lily
 Middle Name: BSB
 Suffix: SFX
 Prefix: PPX
 Party Name: Gryffindor House 10.6
 Street Address: 2800 Crystal Dr
 City: Arlington

THE Q&I PRODUCT FOR PHARMACY

When a unique match cannot be made, the system displays the CancelRx message and presents options to access the Rx Profile or Deny CancelRx from the Cancel Request screen.

FileEditNewReportsInventoryA/RFacility ManagementStore ControlSystem UtilitiesHelp

Log OutRx TasksElectronicPrescriptionRx ProfilePrint Electronic InfoDeny CancelRx

Cancel Request

Request: Cancel Prescription

Message:Rx Number: 00000000

First Name: JACKDrug Name: FUROSEMIDE 20MG TA

Last Name: SMITHDrug Quantity: 30

Address: 116 TESTING RDQuantity Qualifier: Original Quantity

Zip Code: 29361DAW: No Product Selection Indicated

Birth Date: 10/18/1949Additional Pills Authorized: 11

Room/Bed:

Agent First Name: A/IRSTNAMEDoctor Name: Evans, Lily

Agent Last Name: AGENTLASTDoctor Address: 2800 Crystal Dr

SIG: TAKE ONE TABLET DAILYDoctor DEA Number: AS9432042-123

Free Text:

No matching prescription found.

NRx

THE QS/1 PRODUCT FOR PHARMACY

SMITH, JACK DOB:10/18/1949

Cancel Prescription for SMITH, JACK

Date received: 08/31/2016

Show Information | Show Segments

Patent Name: SMITH, JACK

Address: 116 TESTING RD

City, ST, Zip: TEST, SC 29361

Date Of Birth: 10/18/1949

Telephone: (864) 233-9600

Gender: M

Medical Record #: 0231

View Interactive Interchanges Control Header (U00) Segment

View Interactive Message Header (U001) Segment

View Prescriber Segment

View Pharmacy Segment

View Patient Segment

View Drug Segment

** INTERACTIVE INTERCHANGE CONTROL HEADER **

Return To Top

Segment Tag: U00

Segment Identifier: UNDA

Syntax version number: 0

Transaction control reference: 47676470bb0406e90c08e0dd7a591d

Prescriber ID: 6451860788001

Pharmacy ID: 0000280

Date: 08/31/2016

Event Time: 13:13:52.6

** INTERACTIVE MESSAGE HEADER **

Return To Top

Segment tag: U00

Message type: SCRIPT

Message version number: 010

Message release number: 006

Message function: CANRX

Prescriber Order Number: 0831168

Date: 08/31/2016

Event Time: 13:13:52.6

** PROVIDER INFORMATION (Prescriber) **

Return To Top

Provider Type: Prescriber

NPI: 1871598417

DEA: AS9432042-1234

Agency: Health Care Provider Taxonomy Code Set

Provider Specialty Code: 2083P0901X

Last Name: Evans

First Name: Lily

Middle Name: BSB

Suffix: SPX

Prefix: RFX

Party Name: Gryffindor House 10.6

Street Address: 2800 Crystal Dr

City: Arlington

State: VA

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If Rx Profile is selected, as long as a unique match is made to the patient (Last Name, First Name, DOB, Gender), the system displays the prescription profile for the associated patient.

PrimeCare - QS/1 TEST (Store 0)

File Edit New Reports Inventory A/R Facility Management Store Control System Utilities Help

Log Out Rx Tasks Previous Next Refresh Discontinue View Rx Queue Refills Transfer Cycle Rx Print Forms

Patient Profile for SMITH, JACK

Patient Profile

Find

Edit Columns

Q...	Status	Rx ...	Drug Name	Drug ...	Quantity	Drug ...	HOA	Freq...	Fill List	Start Date/Time	Stop Date/Time	Original Date	Last Date	Prescriber	Price/...	Primary Plan
P3		6002244	FUROSEMIDE 20 MG TABLET	PO	30	TAB				09/08/2016 13:26	08/31/2017 13:25	09/08/2016	09/08/2016	TESTNP1, DOCTO	8.99	U/C
TAKE ONE TABLET DAILY																
P4	#	6002238	FUROSEMIDE 20 MG TABLET	PO	30	TAB				08/31/2016 08:29	08/31/2016 08:48	08/31/2016	08/31/2016	TESTNP1, DOCTO	8.99	U/C
TAKE ONE TABLET DAILY																

☒ Show Inactive ☐ Show Active First

Update Rx Short Cycle

Cancel Rx Info for Patient

Message:
Drug: FUROSEMIDE 20MG TABLET

SMITH, JACK DOB:10/18/1949

Cancel Prescription for SMITH, JACK

Date received: 08/31/2016

[Show Information](#) | [Show Segments](#)

Patient Name: SMITH, JACK
Address: 116 TESTING RD
City, ST, Zip: TEST, SC 29361
Date Of Birth: 10/18/1949
Telephone: (864) 253-8600
Gender: M
Medical Record #: 0231

[View Interactive Interchange Control Header \(UIB\) Segment](#)
[View Interactive Message Header \(UIH\) Segment](#)
[View Prescriber Segment](#)
[View Pharmacy Segment](#)
[View Patient Segment](#)
[View Drug Segment](#)

**** INTERACTIVE INTERCHANGE CONTROL HEADER ****

[Return To Top](#)
Segment Tag: UIB
Segment identifier: UNOA
Syntax version number: 0
Transaction control reference: 47fe7b470bb0408e90c38e68dd7a591d
Prescriber ID: 6451880788001
Pharmacy ID: 0000280
Date: 08/31/2016
Event Time: 13:13:52.6

**** INTERACTIVE MESSAGE HEADER ****

[Return To Top](#)
Segment tag: UIH
Message type: SCRIPT
Message version number: 010
Message release number: 006
Message function: CANRX
Prescriber Order Number: 0831168
Date: 08/31/2016
Event Time: 13:13:52.6

**** PROVIDER INFORMATION (Prescriber) ****

[Return To Top](#)
Provider Type: Prescriber
NPI: 1871598417
DEA: A59432042-1234
Agency: Health Care Provider Taxonomy Code Set
Provider Specialty Code: 2083P0901X
Last Name: Evans
First Name: Lily
Middle Name: BSB
Suffix: SPX
Prefix: PFX
Party Name: Gryffindor House 10.6
Street Address: 2800 Crystal Dr
City: Arlington
State: VA

os1 PrimeCare

THE QS/1 PRODUCT FOR INSTITUTIONAL PHARMACIES

Custom Patient - 08/31/2016 13:16

All tasks running

08422M4/TCT THE

CPAC 188 M 100

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If the Deny CancelRx button is selected, the Cancel Rx Response dialogue window displays. When denying a CancelRx, the pharmacy MUST indicate a reason code from the list of NCPDP supplied codes.

File Edit New Reports Inventory A/R Facility Management Store Control System Utilities Help

Log Out Rx Tasks Electronic Prescription Rx Profile Print Electronic Info **Deny CancelRx**

Cancel Request

Request: Cancel Prescription

Message: Rx Number: 00000000

First Name: JACK Drug Name: FLUOREBIDIE 20MG TAB

Last Name: SMITH Drug Quantity: 30

Address: 116 TESTING RD Quantity Qualifier: Original Quantity

Zip Code: 29361 DAW: No Product Selection Indicated

Birth Date: 10/18/1949 Additional Pills Authorized: 11

Room/Bed:

Agent First Name: AFINSTNAME Doctor Name: Evans, Lily

Agent Last Name: AGENTLAST Doctor Address: 2800 Crystal Dr

STG: TAKE ONE TABLET DAILY Doctor DEA Number: A59432042-123

Free Text:

No matching prescription found.

Cancel Rx Response

Response Message:

Selected 1 or more reason codes that apply:

☐ AA - Patient unknown to Provider

☐ AB - Patient never under Provider care

☐ AC - Patient no longer under Provider care

☐ AE - Medication never prescribed for the patient

☐ AH - Patient has picked up the prescription

☐ AJ - Patient has picked up partial fill of prescription

☐ AK - Patient has not picked up prescription, drug returned to stock

Message: Including "as of use fills dispensed" is required

No matching prescription found.

Send Cancel

SMITH, JACK DOB:10/18/1949

Cancel Prescription for SMITH, JACK

Date received: 08/31/2016

Show Information | Show Segments

Patient Name: SMITH, JACK

Address: 116 TESTING RD

City, ST, Zip: TEST, SC 29361

Date Of Birth: 10/18/1949

Telephone: (864) 253-8600

Gender: M

Medical Record #: 0221

View Interactive Interchange Control Header (018) Segment

View Interactive Message Header (010-1) Segment

View Pharmacy Segment

View Patient Segment

View Drug Segment

** INTERACTIVE INTERCHANGE CONTROL HEADER **

Return To Top

Segment Tag: U0B

Segment Identifier: UNQA

Syntax version number: 0

Transaction control reference: 47fe7b470bb040be50c8be6dd47a591d

Prescriber ID: 6451880788001

Pharmacy ID: 0000280

Date: 08/31/2016

Event Time: 13:13:52.6

** INTERACTIVE MESSAGE HEADER **

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Segment Tag: UD4

Message type: SCRIPT

Message version number: 010

Message release number: 006

Message function: CANCEL

Prescriber Order Number: 0831168

Date: 08/31/2016

Event Time: 13:13:52.6

** PROVIDER INFORMATION (Prescriber) **

Return To Top

Provider Type: Prescriber

NPI: 1871558417

DEA: A59432042-1234

Agency: Health Care Provider Taxonomy Code Set

Provider Specialty Code: 2083P0901X

Last Name: Evans

First Name: Lily

Middle Name: ESO

Suffix: SPX

Prefix: PPX

Party Name: Gryffindor House 10.6

Street Address: 2800 Crystal Dr

City: Arlington

State: VA

Comment [11]: Revise - make text smaller -
Note: These buttons no longer display, after Deny CancelRx is selected. The buttons are included on screenshots for visual/informational purposes only.

Case 3: NewRx has NOT been processed, but a match is made to the CancelRx PON and/or RxReferenceNumber (QS/1 Rx#)

NewRx displays in the Mail Scan. The pharmacy processes the prescription.

Mail Scan					
New Prescription Mail Scan					
#	ePrescription Status	Name	Date	Time	Drug Information
F3	*	TEST, PATIENT	09/08/16	14:26	Magic Mouthwash (Lidocaine 2
F4	*	Petrov, Ivan	09/08/16	14:26	Gold Bond Medicated Anti-Itc
F5	*	Yeh, Maurice	09/08/16	14:25	repaglinide 0.5 MG Oral Tabl
F6	*	Lane, Akaisha	09/08/16	14:25	nadolol 80 MG Oral Tablet
F7	*	Overly, Claudio	09/08/16	14:25	sotalol HCl 150 MG in 10 ML
F8	P Accepted	PATIENT, TEST	08/31/16	09:08	CRESTOR 20MG TABLET
F9	#	SMITH, JACK	08/31/16	09:08	FUROSEMIDE 20MG TABLET
F10	P Accepted	SMITH, JACK	08/31/16	09:01	FUROSEMIDE 20MG TABLET
F11	*	PATIENT, TEST	08/31/16	08:44	CRESTOR 20MG TABLET
F12	P Accepted	PATIENT, TEST	08/31/16	08:29	CRESTOR 20MG TABLET

[illegible]

The pharmacy selects CancelRx message to be processed.

IVR Refills

Prescriber Voicemail

Patient Voicemail

Neg Rx

Refill Request

Refill Response

Cancel Msg.

Census Msg.

Rx Fill Msg.

Resupply Request

Mail Log

Mail Scan

Cancel Prescription Mail Scan

#	Date	Time	Name	Drug	Message
F3	* 09/08/16	16:13	TEST, PATIENT	Magic Mouthwash (
F4	R 08/31/16	15:31	,		Denied
F5	P 08/31/16	09:15	PATIENT, TEST	CRESTOR 20MG TABL	
F6	R 08/31/16	09:15	,		Accepted
F7	08/31/16	09:15	SMITH, JACK	FUROSEMIDE 20MG T	
F8	R 08/31/16	08:50	,		Denied
F9	P 08/31/16	08:48	PATIENT, TEST	CRESTOR 20MG TABL	
F10	R 08/31/16	08:48	,		Accepted
F11	P 08/31/16	08:44	SMITH, JACK	FUROSEMIDE 20MG T	
F12	R 08/30/16	16:54	,		Accepted

[illegible]

When denying a CancelRx, the pharmacy MUST indicate a reason code from the list of NCPDP supplied codes. The system does not allow the user to continue until a reason code is selected from the Cancel Rx Response window; the Send button is inactive/grayed out. The Message box on the Cancel Rx Response window automatically populates with a note of the number of fills dispensed for the prescription already, in xx of xxx fills dispensed format. The remaining message can be 56 characters in length.

Note: It is recommended to leave the existing text in the message and add any other free text to the end of the message.

File

Edit

New

Reports

Inventory

A/R

Facility Management

Store Control

System Utilities

Help

Log Out

Rx Tasks

Rx Summary: #06002245 for TEST, PATIENT (Birth Date: 02/09/1945)

General Information

Rx Number: 06002245

Patent: TEST, PATIENT (INTEGRATION HEALTH & REHA)

Charge:

ARMSTRONG, LOUIS

Primary: USC

USC Plan:

Secondary:

Tertiary:

Drug: OTC MAGIC MOUTHWASH

Generic:

Sig: Swish, gargle, and spit 1 to 2 teaspoonful(s) every 6 hours as needed. Shake

English:

HOA: Frequency: Cycle Fill:

Rx Notes: 090816 Documenting CancelRx and CancelRxResponse

Messages

Primary Errors

Total Remaining Below Zero

Warning - Early Refill 48 Days

Person Code Required

Drug Manufacturer - MORTON GROVE PH

Quantity Information

Authorized: 48

Days Supply: 48

Dispensed: 48

Refills Authorized:

Remaining: 0

Refills Remaining:

Rx Dates

Last Filled: 09/08/2016

Written: 06/02/2014

Cancel Rx Response

Response Message

Select 1 or more reason codes that apply.

☐ AA - Patient unknown to Provider

☐ AB - Patient never under Provider care

☐ AC - Patient no longer under Provider care

☐ AE - Medication never prescribed for the patient

☐ AH - Patient has picked up the prescription

☐ AJ - Patient has picked up partial fill of prescription

☐ AK - Patient has not picked up prescription, drug returned to stock

Message: Including "xx of xxx fills dispensed" is required

01 of 001 fills dispensed

Send

Cancel

TEST, PATIENT DOB:02/09/1945

Cancel Prescription for TEST, PATIENT

Date received: 09/08/2016

Show Information | Show Segments

Patent Name: TEST, PATIENT

Address: 1204 TEST Ave Apt 1

City, ST, Zip: Columbia, MO 65201

Date Of Birth: 02/09/1945

Gender: F

Medical Record #: 19450209

Facility Name: INTEGRATION HEALTH AND REHAB CEN

[View Interactive Interchange Control Header \(LUB\) Segment](#)

[View Interactive Message Header \(LUB\) Segment](#)

[View Pharmacy Segment](#)

[View Prescriber Segment](#)

[View Shaded Nursing Facility Segment](#)

[View Patient Segment](#)

[View Drug Segment](#)

[View Interactive Message Trailer \(LUT\) Segment](#)

** INTERACTIVE INTERCHANGE CONTROL HEADER **

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Segment Tag: LUB

Segment Identifier: UNQA

Syntax version number: 0

Transaction control reference: d913eace94e41129bb47b6b8932c46

Clinic ID: 1437142072,00021,00004

Pharmacy ID: 0000280

Date: 09/08/2016

Event Time: 201404

** INTERACTIVE MESSAGE HEADER **

[Return To Top](#)

Segment tag: LUB

Message type: SCRPPT

Message version number: 010

Message release number: 006

Message function: CANRX

Prescriber Order Number: CR_09082016_CancelRxDocmth

Date: 09/08/2016

Event Time: 201404

** PROVIDER INFORMATION (Pharmacy) **

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Provider Type: Pharmacy

NPI: 1234567893

NCPDP ID: 0000280

Party Name: Southern Pharmacy

Street Address: 4459 TAR HILL DR

City: Pkx HL

State: NC

Zip Code: 00000

Telephone: (252) 566-9945

** PROVIDER INFORMATION (Prescriber) **

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When Accepting a CancelRx, the Cancel Rx Response window still displays with xx of xxx fills dispensed verbiage populated in the Message box, but a reason code is NOT required to accept/approve a CancelRx message.

Note: It is recommended to leave the existing text in the message and add any other free text to the end of the message.

FileEditNewReportsInventoryA/RFacility ManagementStore ControlSystem UtilitiesHelp

Log OutRx Tasks

General

Additional

Claim Information

Transfer Information

Authorization

Delivery Information

Rx Summary: #06002245 for TEST, PATIENT (Birth Date: 02/09/1945)

General Information

Rx Number: 06002245

Patient: TEST, PATIENT (INTEGRATION HEALTH & REHA)

Charge: >>>

Prescriber: ARMSTRONG, LOUIS >>>

Primary: USC >>>

USC Plan: >>>

Secondary: >>>

Tertiary: >>>

Drug: CHC MAGIC MOUTH/WASH >>>

Generic: >>>

Sig: Switch, gargle, and spit 1 to 2 teaspoonful(s) every 6 hours as needed. Shake >>>

HOA: >>> Frequency: >>> Cycle Fill: >>>

Rx Notes: 090816 Documenting CancelRx and CancelRxResponse >>>

Quantity Information

Authorized: 48 Days Supply: 48

Dispensed: 48 Refills Authorized: >>>

Remaining: 0 Refills Remaining: >>>

Rx Dates

Last Filled: 09/08/2016 Written: 06/02/2014

Cancel Rx Response

Response Message:

Select 1 or more reason codes that apply:

☐ AA - Patient unknown to Provider

☐ AB - Patient never under Provider care

☐ AC - Patient no longer under Provider care

☐ AE - Medication never prescribed for the patient

☐ AH - Patient has picked up the prescription

☐ AJ - Patient has picked up partial fill of prescription

☐ AK - Patient has not picked up prescription, drug returned to stock

Message: Including "xx of xxx fills dispensed" is required.

01 of 001 fills dispensed

Send

Cancel

Messages

Primary Errors

Total Remaining Below Zero

Warning - Early Refill 40 Days

Person Code Required

Drug Manufacturer - MORTON GROVE PH

Cancel Rx the Rx. Check error messages.

TEST, PATIENT DOB:02/09/1945

Cancel Prescription for TEST, PATIENT

Date received: 09/08/2016

Show Information

Show Segments

Patient Name: TEST, PATIENT

Address: 12041 TEST Ave Apt 1

City, ST, Zip: Columbia, MO 65201

Date Of Birth: 02/09/1945

Gender: F

Medical Record #: 19450209

Facility Name: INTEGRATION HEALTH AND REHAB CEN

View Interactive Interchange Control Header (U00) Segment

View Interactive Message Header (U01) Segment

View Pharmacy Segment

View Prescriber Segment

View Skilled Nursing Facility Segment

View Patient Segment

View Drug Segment

View Interactive Message Trailer (U07) Segment

** INTERACTIVE INTERCHANGE CONTROL HEADER **

Return To Top

Segment Tag: U00

Segment identifier: UNDA

Syntax version number: 0

Transaction control reference: d913aceee94e11120bba47e8d8932c46

Clinic ID: 1437142072,00021,00004

Pharmacy ID: 0000280

Dates: 09/08/2016

Event Time: 201404

** INTERACTIVE MESSAGE HEADER **

Return To Top

Segment Tag: U01

Message type: SCRIPT

Message version number: 010

Message release number: 006

Message function: CANRX

Prescriber Order Number: CR_09082016_CancelRxDomain

Dates: 09/08/2016

Event Time: 201404

** PROVIDER INFORMATION (Pharmacy) **

Return To Top

Provider Types: Pharmacy

NPI: 1214567893

NCPDP ID: 0000280

Party Name: Southern Pharmacy

Street Address: 4450 TAR HILL DR

City: Park Hill

State: MO

Zip Code: 64600

Telephone: (262) 568-9945

** PROVIDER INFORMATION (Prescriber) **

Return To Top

System Date: 09/08/2016

All tasks running

PHARMACIST TIE

CAPS NUM BNS

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Note: The Facility records in PrimeCare were updated with CancelRx and CancelRxResponse (not all eMARs support CancelRxResponse) in Service Pack 19.1.14 for our NCPDP SCRIPT 10.6 direct interfaces developed for our eMAR vendors. These options must be checked on the Facility record, if the eMAR used at the Facility supports CancelRx and/or CancelRxResponse.

General Information

Additional Information

A/R Options

Billing Matrix

Workflow Options

Wings List

Electronic Rx

Therapeutic Interchange

Facility: Q51F PointClickCare (10.6)

Facility Code: Q51F

Electronic Rx Identifiers

Electronic Rx Processing Info

Level One Identifier: Qualifier:

Level Two Identifier:

Level Three Identifier:

NCPDP Messages

Auto DC Cancel Rx: ☒ Rx Fill Message:

DC Rx's w/ Census Discharge: ☒ Inbound ID Qualifier:

Connection String: Outbound ID Qualifier:

<https://pscodev10r.pointclickcare.com/services/sendMessage>

Service Levels

New Rx: ☒

Rx Fill: ☒

Cancel Rx: ☒

Cancel Rx Response: ☐

Census: ☒

Resupply: ☒

Controlled Substance (EPCS): ☒

Last Electronic Request:

Last Electronic Update: