

Surescripts® CancelRx (and CancelRxResponse) on latest addendum of Service Pack 19.1.18

General Information: QS/1 has certified CancelRx (and CancelRxResponse) 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: ☐	IVR Refill Requests: ☒
Pre/Post Edits in Tickler/Workflow: ☐	Customer Web Refills: ☒
Pharmacist Login Required Before Fill: ☐	Prescriber Refill Responses: ☒
Technician Login Required Before Fill: ☐	Prescriber Refill Requests: ☒
Require Login for Preference Change: ☐	New Rx's from Prescriber: ☒
Print on Profile Only: ☐	Third Party Errors: ☒
Let Remotes View All Stores Inventory: ☒	Tickler File History: ☒
	Cancel Rx from Prescriber: ☒
	Electronic Census Message: ☒
	Resupply Rx Messages: ☒
	Prior Authorization Web Requests: ☐

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.

Prescriber Record

TEST (ANOTHER NPI), ANOTHER [Add Alias](#)

Electronic Rx Processing Info

Level One Identifier: Qualifier:

Level Two Identifier:

Level Three Identifier:

Service Levels

New Rx: ☒

Refill Request: ☒

Controlled Substance (EPCS): ☒

Rx Fill: ☐

Cancel Rx: ☒

Census: ☐

Resupply: ☒

Case 1: NewRx is unprocessed, pharmacy receives CancelRx

When the NewRx has been sent to the pharmacy, but the prescription has **NOT** been filled, the QS/1 system automatically marks the records as processed, and a # displays beside the prescription in the NewRx Mail Scan **IF** the PrescriberOrderNumber (PON) from the CancelRx matches the PON on the NewRx message. The pharmacy can reactivate the message, but the system does not allow them to process the NewRx because of the match made to the PON from the CancelRx message. This functionality saves the pharmacy from filling an order that has already been cancelled.

osl 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% 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

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

IVR Refills

Prescriber Voicemail

Patient Vojcemail

New Rx

Refill Request

Refill Response

Cancel Msg.

Census Msg.

Rx Fill Msg.

Resupply Request

Mail Log

Mail Scan

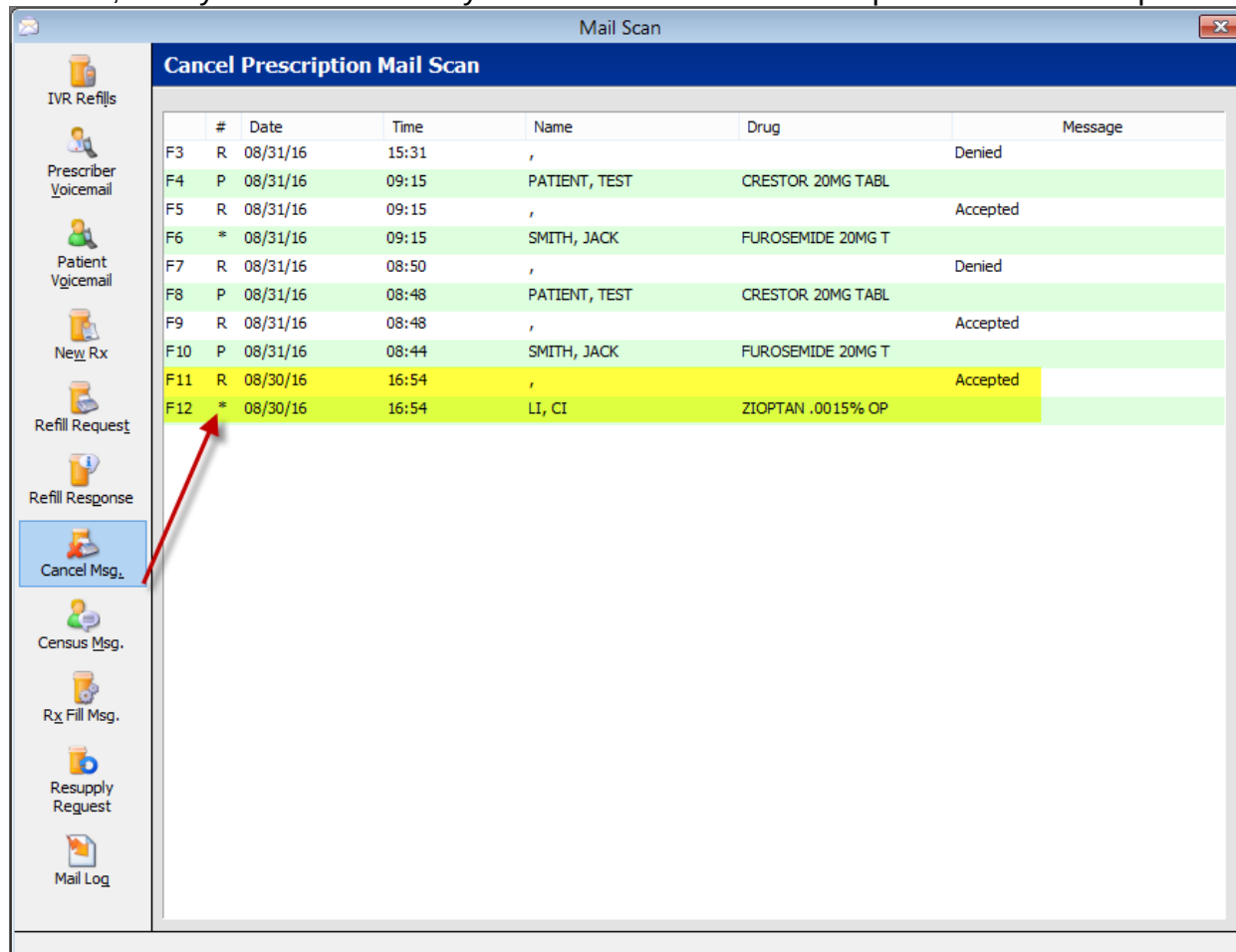
New Prescription Mail Scan

#	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

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.



#	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:

PrimeCare - QS/1 TEST (Store 0)

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 Resend

Cancel Request Response Failed

Request: Cancel Prescription

Message: Rx Number: 00000000

First Name: CI Drug Name: ZIOPTAN .0015% OPH

Last Name: LI Drug Quantity: 1

Address: 116 TESTING RD Quantity Qualifier:

Zip Code: 29361 DAW: No Product Selection Indicated

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

Room/Bed:

Agent First Name: AFIRSTNAME Doctor Name: Evans, Lily

Agent Last Name: AGENTLAST Doctor Address: 2800 Crystal Dr

SIG: D Doctor DEA Number: AS9432042-123

Free Text:

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 \(UIB\) 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: 61cae1deac20452da13aca799be733d0

Prescriber ID: 6451880788001

Pharmacy ID: 0000280

Date: 08/30/2016

Event Time: 20:51:55.0

**** INTERACTIVE MESSAGE HEADER ****

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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) ****

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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

qs/1 PrimeCare

THE QS/1 PRODUCT FOR INSTITUTIONAL PHARMACIES

qs/1

PrimeCare - QS/1 TEST (Store 0)

FileEditNewReportsInventoryA/RFacility ManagementStore ControlSystem UtilitiesHelp

Log OutRx TasksElectronicPrescriptionRx ProfilePrint Electronic InfoResend

Cancel Request Response Failed

Request: Cancel Prescription

Message:

Rx Number: 00000000

First Name: CI

Drug Name: ZIOPTAN .0015% OPH

Last Name: LI

Drug Quantity: 1

Address: 116 TESTING RD

Quantity Qualifier:

Zip Code: 29361

DAW: No Product Selection Indicated

Birth Date: 10/18/1923

Additional Fills Authorized: 0

Room/Bed:

Agent First Name: AFIRSTNAME

Doctor Name: Evans, Lily

Agent Last Name: AGENTLAST

Doctor Address: 2800 Crystal Dr

SIG: D

Doctor DEA Number: AS9432042-123

Free Text:

LI, CI DOB:10/18/1923

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

Zip Code: 22202

Place/Location Qualifier: AD2

Place/Location: Ste 201

Telephone: (703) 212-3443

Fax: (703) 453-3456

Agent Last Name: AGENTLAST

Agent First Name: AFIRSTNAME

Suffix: AGNTSUFIX

Prefix: AGNTPRFX

** PROVIDER INFORMATION (Pharmacy) **

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Provider Type: Pharmacy

NCPDP ID: 0000280

Party Name: TEST CUSTOMER 2

Telephone: (803) 503-9455

** PATIENT INFORMATION **

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Segment code: PTT

Date of Birth: 10/18/1923

Last Name: LI

First Name: CI

Gender: M

Medical Record #: 0231

Street Address: 116 TESTING RD

City: SPARKLEBURG

State: SC

Zip Code: 29361

Telephone: (864) 253-8600

** DRUG INFORMATION **

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Segment code: DRU

DRU Loop Type: Prescribed

Drug Name: ZIOPTAN .0015% OPHTHALMIC SOLUTION

Drug #: 17478060930

Responsible Agency: NDC

Quantity: 1

Quantity Qualifier: Original Quantity

Source Code List: AC

Potency Unit Code: C54702

Dosage: D

Date Written: 02/27/2016

Date Format: 102

DAW: No Product Selection Indicated

Refill: R (Number of Refills)

Quantity: 0

qs/1 PrimeCare

THE QS/1 PRODUCT FOR INSTITUTIONAL PHARMACIES

System Date: 09/07/2016

All tasks running

PHARMACIST THE

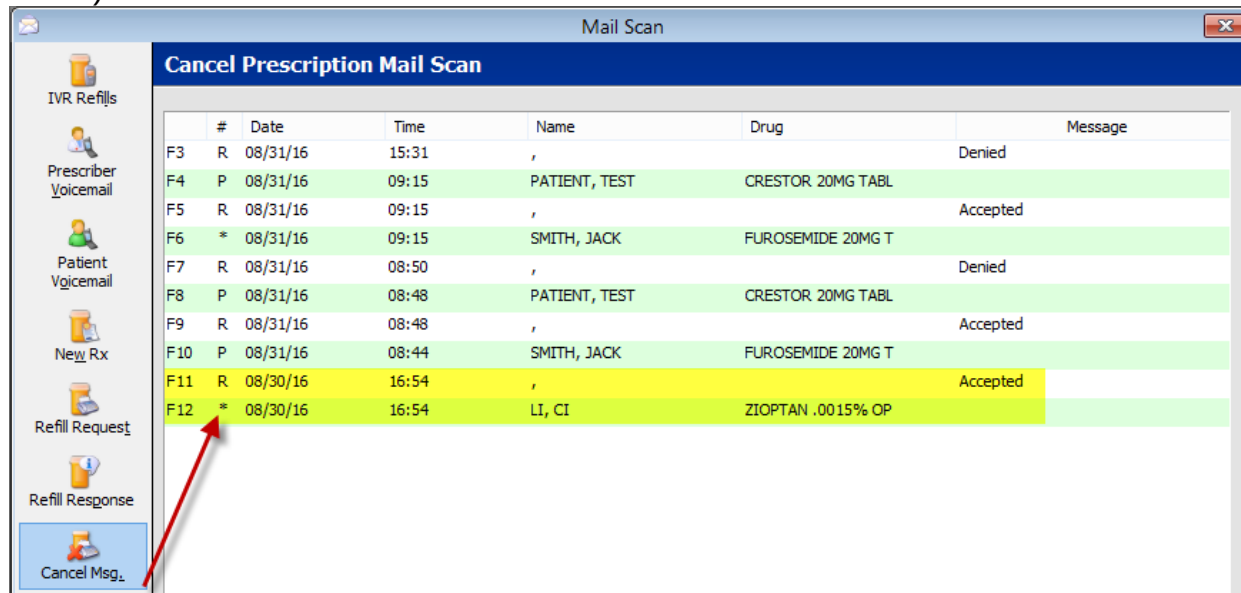
CONSOLE

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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).



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.

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	864-253-8600	10/18/1949	0231				SMITJ				

☒ Show Inactive

Cancel Msg.

Census Msg.

Rx Fill Msg.

Resupply Request

Mail Log

qs/1.NRx

THE QS/1 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 \(UIB\) Segment](#)
[View Interactive Message Header \(UIH\) Segment](#)
[View Prescriber Segment](#)
[View Pharmacy Segment](#)
[View Patient Segment](#)
[View Drug Segment](#)

**** INTERACTIVE INTERCHANGE CONTROL HEADER ****
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Segment Tag:UIB
Segment identifier:UNOA
Syntax version number:0
Transaction control reference:b028b7760b4747dd85b55sec9397a57bf
Prescriber ID:6451880788001
Pharmacy ID:0000280
Date:08/31/2016
Event Time:13:00:06.3

**** INTERACTIVE MESSAGE HEADER ****
[Return To Top](#)
Segment tag:UIH
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) ****
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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

FileEditNewReportsInventoryA/RFacility ManagementStore ControlSystem UtilitiesHelp

Log OutRx TasksFillProfile OnlyPend/NotesSaveDocumentsHistoryVerify NCDiscontinueClinical CheckPrintAccess FilesPricing

NRx - QS/1 TEST (Store 0)

SMITH, JACK DOB:10/18/1949

General

Additional

Claim Information

Transfer Information

Authorization

Delivery Information

General Information

Rx Number 06002244

Patient: SMITH, JACK

Charge:

Prescriber: TESTNPI, DOCTOR

Primary: U&C

U&C Plan:

Secondary:

Tertiary:

Drug: FUROSEMIDE 20 MG TABLET

Generic:

Sig: TAKE ONE TABLET DAILY

English

HOA:

Frequency:

Cycle Fill:

Rx Notes: 090816 Documenting CancelRx and CancelRxResponse

Quantity Information

Authorized: 30

Days Supply: 30

Dispensed: 30

Refills Authorized: 11

Remaining: 360

Refills Remaining: 11

Rx Dates

Last Filled: __/__/__

Written: 08/31/2016

Stop: 08/31/2017

Original Rx: 09/08/2016

Expiration: 09/08/2017

Date Due: __/__/__

Recalc

Cycle Date: __/__/__

Other Information

Auth Number:

Status: Active

DAW: N 0 - No Product

Special:

Short Cycle:

Pricing Information

Price: 8.99

Full

Part

Acquisition: \$3.69

Secondary: \$0.00

Profit %: 143.43%

Tertiary: \$0.00

Copay: \$0.00

Third Party: \$8.99

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 - MYLAN



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

** INTERACTIVE INTERCHANGE CONTROL HEADER **

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Segment Tag: UIB

Segment identifier: UNOA

Syntax version number: 0

Transaction control reference: b028b7760b4747dd85b55ec9397a57bf

Prescriber ID: 6451880788001

Pharmacy ID: 0000280

Date: 08/31/2016

Event Time: 13:00:06.3

** INTERACTIVE MESSAGE HEADER **

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Segment tag: UIH

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) **

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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

System Date: 09/08/2016

All tasks running

PHARMACIST THE

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13

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

os1 NRx -

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

Log Out Rx Tasks Deactivate Previous Next Process

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

The system attempts to match the PON from the CancelRx to the PON of the NewRx. If no unique match is made, the system attempts to match to the RxReferenceNumber (RRN), which is the prescription number from NRx®/PrimeCare®.

qs/1

NRx - QS/1 TEST (Store 0)

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: FUROSEMIDE 20MG TA

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 Fills Authorized: 11

Room/Bed:

Agent First Name: AFIRSTNAME

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.

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 **

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Segment Tag: UIB

Segment identifier: UNOA

Syntax version number: 0

Transaction control reference: 47fe7b470bb0408e90c88e68dd7a591d

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: 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) **

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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



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.

The screenshot displays the NRx - QS/1 TEST (Store 0) application interface. The main window is titled "Cancel Request" and shows a "Request: Cancel Prescription" message. The message details include:

- Message: Rx Number: 00000000
- First Name: JACK, Drug Name: FUROSEMIDE 20MG TA
- 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 Fills Authorized: 11
- Room/Bed:
- Agent First Name: AFIRSTNAME, 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:

At the bottom of the window, a red message states: "No matching prescription found."

The right-hand pane displays the "Cancel Prescription for SMITH, JACK" screen. It includes the following information:

- Date received: 08/31/2016
- Links: [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
- Links: [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: UNOIA
- Syntax version number: 0
- Transaction control reference: 47fe7b470bb0408e90c88e68dd7a591d
- 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: 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

The QS/1 NRx logo is visible in the bottom right corner of the application window.

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 Rxs Print Forms

Patient Profile for SMITH, JACK

Patient Profile

Find [Edit Columns](#)

O...	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
F3		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																
F4	#	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: UNQA
Syntax version number: 0
Transaction control reference: 47fe7b470bb0408e90c88e68dd7a591d
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: 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 QS/1 PRODUCT FOR INSTITUTIONAL PHARMACIES

Custom Data: 08/18/2016 All tasks running PHARMACIST THE CADS INIM TNC

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.

PrimeCare - QS/1 TEST (Store 0)

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**

Please note: These buttons no longer display after clicking 'Deny CancelRx'! The buttons are included in the screenshots only here for visual/informational purposes.

Cancel Request

Request: Cancel Prescription

Message: Rx Number: 00000000

First Name: JACK Drug Name: FUROSEMIDE 20MG TA

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 Fills Authorized: 11

Room/Bed:

Agent First Name: AFIRSTNAME 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 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.

No matching prescription found.

Send Cancel

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: 47fe7b470bb0408e90c88e68dd7a591d

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: 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

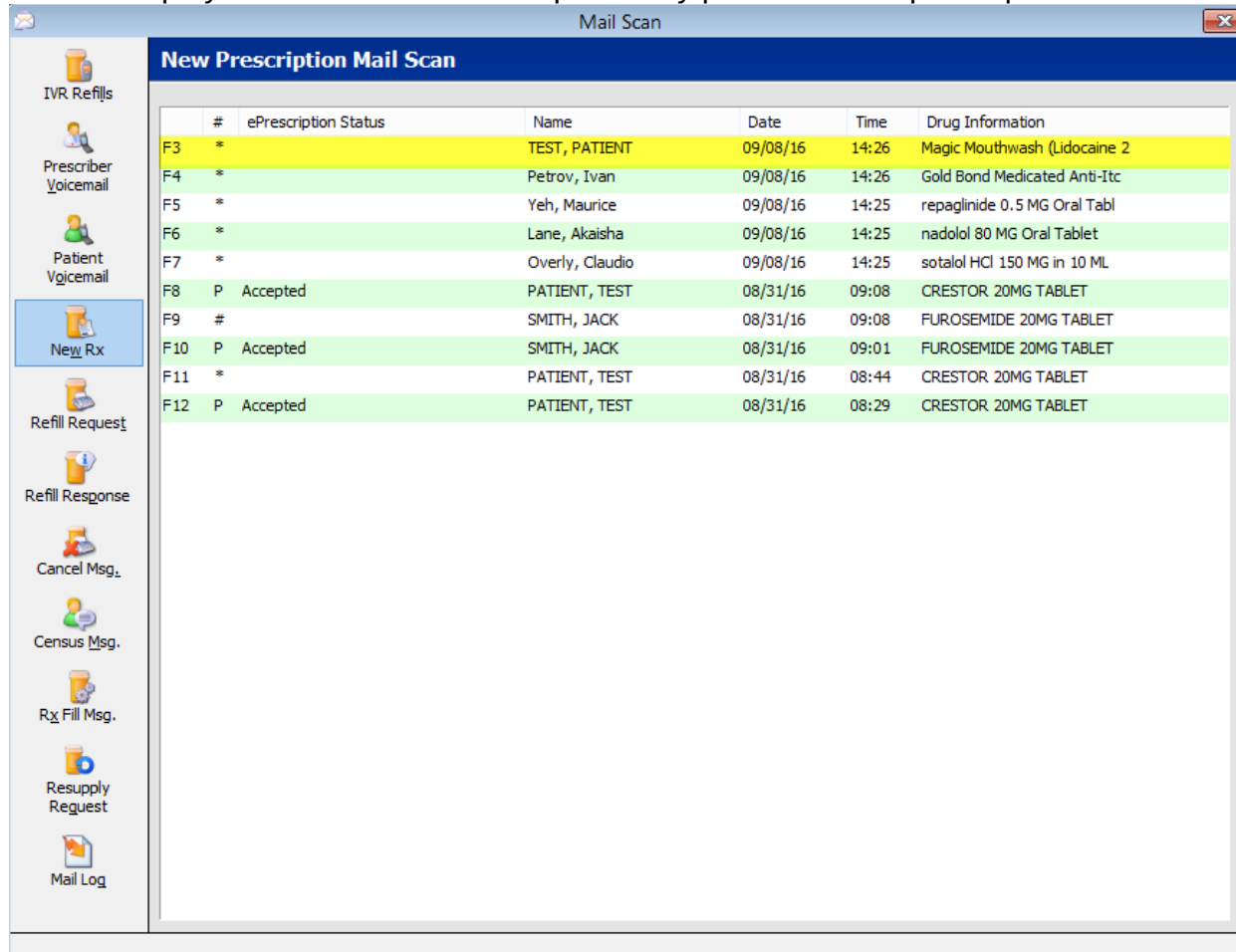
State: VA

qs/1 PrimeCare

THE QS/1 PRODUCT FOR INSTITUTIONAL PHARMACIES

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.



The screenshot shows the 'Mail Scan' application window. The title bar reads 'Mail Scan'. On the left is a vertical sidebar with icons and labels for various functions: IVR Refills, Prescriber Voicemail, Patient Voicemail, New Rx (highlighted in blue), Refill Request, Refill Response, Cancel Msg., Census Msg., Rx Fill Msg., Resupply Request, and Mail Log. The main area of the window is titled 'New Prescription Mail Scan' and contains a table with the following data:

	#	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

FileEditNewReportsInventoryA/RFacility ManagementStore ControlSystem UtilitiesHelp

Log OutRx TasksFillProfile OnlyPend/NotesSaveDocumentsHistoryVerify NCDiscontinueClinical CheckPrintAccess FilesPricing

NRx - QS/1 TEST (Store 0)

TEST, PATIENT DOB:02/09/1945

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

General

Additional

Claim Information

Transfer Information

Authorization

Delivery Information

General Information

Rx Number 06002245

Patient: TEST, PATIENT (INTEGRATION HEALTH & REHA)

Charge:

Prescriber: ARMSTRONG, LOUIS

Primary: U&C

U&C Plan:

Secondary:

Tertiary:

Drug: CMC 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

Person Code Required

Drug Manufacturer - MORTON GROVE PH

Quantity Information

Authorized: 48

Days Supply: 48

Dispensed: 48

Refills Authorized:

Remaining: 48

Refills Remaining:

Rx Dates

Last Filled:

Written: 06/02/2014

Stop: 06/02/2015

Original Rx: 09/08/2016

Expiration: 09/08/2017

Date Due:

Recalc

Cycle Date:

Other Information

Auth Number:

Status: Active

DAW: N

0 - No Product

Special:

Short Cycle:

Pricing Information

Price: 5.01

Full

Part

Acquisition: \$0.01

Secondary: \$0.00

Profit %: 9999.99%

Tertiary: \$0.00

Copyay: \$0.00

Third Party: \$5.01

Additional Rx Information

Place of Service:

Type of Service:

Special Pkg Ind:

Rx Origin: 3 - Electronic

New Electronic Prescription Information

Date received: 09/08/2016

Show Information | Show Segments

Drug Name: Magic Mouthwash (Lidocaine 2%, Maalox, Diphenhydramine 12.5mg/5ML Elixir)

Quantity: 48, 12345678

Unit: Milliliter

Prescriber: ARMSTRONG, LOUIS

Sig: Swish, gargle, and spit 1 to 2 teaspoonful(s) every 6 hours as needed. Shake well. Do not eat or drink for 30 minutes after use.

Refills Authorized: 0

Written Date: 06/02/2014

DAW Code: 0 (No Product Selection Indicated)

Primary Clinical Diagnosis: 444.89

Secondary Clinical Diagnosis: 994.3

Notes/Free Text: 210char 123456789123456789123456789121234567891234567891234567891212345

View Interactive Interchange Control Header (UIB) Segment

View Interactive Message Header (UIH) Segment

View Pharmacy Segment

View Prescriber Segment

View Skilled Nursing Facility Segment

View Patient Segment

View Drug Segment

View Interactive Message Trailer (UIT) Segment

** INTERACTIVE INTERCHANGE CONTROL HEADER **

Return To Top

Segment Tag: UIB

Segment identifier: UNOA

Syntax version number: 0

Transaction control reference: 77abc0a220a546169da9220af7b94977

Clinic ID: 1437142072,00021,00004

Pharmacy ID: 0000280

Date: 09/08/2016

Event Time: 182525

** INTERACTIVE MESSAGE HEADER **

Return To Top

Segment tag: UIH

Message type: SCRIPT

Message version number: 010

Message release number: 006

Message function: NEWRX

Prescriber Order Number: CR_09082016_CancelRxDocmtn

Date: 09/08/2016

Event Time: 182525

** PROVIDER INFORMATION (Pharmacy) **

Return To Top

Provider Type: Pharmacy

NCPDP ID: 0000280

Party Name: INTEGRATION PHARM 10.6P LTC

Street Address: 572134 N Test Drive

qs/1.NRx

THE QS/1 PRODUCT FOR PHARMACY

System Date: 09/08/2016

All tasks running

PHARMACIST THE

CONSOLE

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NUM

INS

The pharmacy selects CancelRx message to be processed.

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

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 Out

Rx Tasks

Fill

Profile Only

Pend/Notes

Save

Documents

History

Verify NDC

Clinical Check

Accept CancelRx

Deny CancelRx

Print

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

General

Additional

Claim Information

Transfer Information

Authorization

Delivery Information

General Information

Rx Number: 06002245

Patient: TEST, PATIENT (INTEGRATION HEALTH & REHA)

Charges:

Prescriber: ARMSTRONG, LOUIS

Primary: U&C

U&C Plan:

Secondary:

Tertiary:

Drug: CMC MAGIC MOUTHWASH

Generic:

Sig: English
Swish, 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

Stop: 06/02/2015 Original Rx: 09/08/2016

Expiration: 09/08/2017 Date Due: 10/26/2016 Recalc

Cycle Date:

Other Information

Auth Number: Status: Active

DAW: N 0 - No Product Special: Short Cycle: ☐

Pricing Information

Price: 5.01 Full Part

Acquisition: \$0.01 Secondary: \$0.00

Profit %: 9999.99% Tertiary: \$0.00

Copyay: \$0.00 Third Party: \$5.01

Additional Rx Information

Place of Service:

Type of Service:

Special Pkg Ind:

Rx Origin: 3 - Electronic

Messages

Primary Errors

Total Remaining Below Zero

Warning - Early Refill 48 Days

Person Code Required

Drug Manufacturer - MORTON GROVE PH

Cannot fill this 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: 1204 TEST Ave
Apt 1
Columbia, MO 65201

City, ST, Zip: 02/09/1945

Date Of Birth: F

Gender: 19450209

Medical Record #: INTEGRATION HEALTH AND REHAB C

Facility Name:

View Interactive Interchange Control Header (UIB) Segment

View Interactive Message Header (UIH) Segment

View Pharmacy Segment

View Prescriber Segment

View Skilled Nursing Facility Segment

View Patient Segment

View Drug Segment

View Interactive Message Trailer (UIT) Segment

** INTERACTIVE INTERCHANGE CONTROL HEADER **

Return To Top

Segment Tag: UIB

Segment identifier: UNOA

Syntax version number: 0

Transaction control reference: d913eacee94e41129bba47e8d8932c

Clinic ID: 1437142072,00021,00004

Pharmacy ID: 0000280

Date: 09/08/2016

Event Time: 201404

** 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: CR_09082016_CancelRxDocmtn

Date: 09/08/2016

Event Time: 201404

** PROVIDER INFORMATION (Pharmacy) **

Return To Top

Provider Type: Pharmacy

NPI: 1234567893

NCPDP ID: 0000280

Party Name: Southern Pharmacy

Street Address: 4459 TAR HILL DR

City: Pink Hill

State: NC

Zip Code: 00000

Telephone: (252) 568-9945

System Date: 09/08/2016

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.

The screenshot displays the NRx - QS/1 TEST (Store 0) application interface. The main window shows the 'General Information' tab for a prescription with Rx Number 06002245 for TEST, PATIENT (Birth Date: 02/09/1945). The 'Quantity Information' section shows 48 authorized and dispensed, with 0 remaining. The 'Rx Dates' section shows the last filled date as 09/08/2016 and the written date as 06/02/2014. The 'Messages' section shows a 'Total Remaining Below Zero' warning. A 'Cancel Rx Response' dialog box is open, prompting the user to select one or more reason codes that apply. The dialog box includes a list of reason codes (AA through AK) and a text area for a response message. The 'Send' button is grayed out. The background window shows the 'Cancel Prescription for TEST, PATIENT' summary, including patient information, transaction control reference, and provider information.

General Information

Rx Number: 06002245

Patient: TEST, PATIENT (INTEGRATION HEALTH & REHA)

Charge: [] Days Supply: 48

Prescriber: ARMSTRONG, LOUIS

Dispensed: 48

Primary: U&C

Refills Authorized: []

U&C Plan: [] Refills Remaining: []

Secondary: []

Rx Dates

Last Filled: 09/08/2016

Written: 06/02/2014

Drug: CMC MAGIC MOUTHWASH

Generic: []

Sig: Swish, 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

Messages

Primary Errors

Total Remaining Below Zero

Warning - Early Refill 48 Days

Person Code Required

Drug Manufacturer - MORTON GROVE PH

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.

Cancel Prescription for TEST, PATIENT

Date received: 09/08/2016

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

Patient 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 \(UIB\) Segment](#)

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

[View Pharmacy Segment](#)

[View Prescriber Segment](#)

[View Skilled Nursing Facility Segment](#)

[View Patient Segment](#)

[View Drug Segment](#)

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

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

[Return To Top](#)

Segment Tag: UIB

Segment identifier: UNOA

Syntax version number: 0

Transaction control reference: d913eace94e41129bba47e8d8932cf6

Clinic ID: 1437142072,00021,00004

Pharmacy ID: 0000280

Date: 09/08/2016

Event Time: 201404

**** 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: CR_09082016_CancelRxDocmtn

Date: 09/08/2016

Event Time: 201404

**** PROVIDER INFORMATION (Pharmacy) ****

[Return To Top](#)

Provider Type: Pharmacy

NPI: 1234567893

NCPDP ID: 0000280

Party Name: Southern Pharmacy

Street Address: 4459 TAR HILL DR

City: Pink Hill

State: NC

Zip Code: 00000

Telephone: (252) 568-9945

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

[Return To Top](#)

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.

General Information

Rx Number: **06002245**

Patient: **TEST, PATIENT (INTEGRATION HEALTH & REHA)**

Charge: [] Authorized: 48 Days Supply: 48

Prescriber: **ARMSTRONG, LOUIS** Dispensed: 48 Refills Authorized: []

Primary: **U&C** Remaining: 0 Refills Remaining: []

U&C Plan: []

Secondary: []

Tertiary: []

Drug: **CMC 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**

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.

Messages

Primary Errors

Total Remaining Below Zero

Warning - Early Refill 48 Days

Person Code Required

Drug Manufacturer - MORTON GROVE PH

Cancel Prescription for TEST, PATIENT

Date received: 09/08/2016

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

Patient 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 \(UIB\) Segment](#)

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

[View Pharmacy Segment](#)

[View Prescriber Segment](#)

[View Skilled Nursing Facility Segment](#)

[View Patient Segment](#)

[View Drug Segment](#)

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

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

[Return To Top](#)

Segment Tag: UIB

Segment identifier: UNOA

Syntax version number: 0

Transaction control reference: d913eace94e41129bba47e8d8932cf6

Clinic ID: 1437142072,00021,00004

Pharmacy ID: 0000280

Date: 09/08/2016

Event Time: 201404

**** 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: CR_09082016_CancelRxDocmtn

Date: 09/08/2016

Event Time: 201404

**** PROVIDER INFORMATION (Pharmacy) ****

[Return To Top](#)

Provider Type: Pharmacy

NPI: 1234567893

NCPDP ID: 0000280

Party Name: Southern Pharmacy

Street Address: 4459 TAR HILL DR

City: Pink Hill

State: NC

Zip Code: 00000

Telephone: (252) 568-9945

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

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System Date: 09/08/2016

All tasks running

PHARMACIST THE

CAPS NUM INS

qS1 NRx

THE qS1 PRODUCT FOR PHARMACY

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.

Facility: QS1F PointClickCare (10.6) XS

General Information

Additional Information

A/R Options

Billing Matrix

Workflow Options

Wings List

Electronic Rx

Therapeutic Interchange

Electronic Rx Identifiers Facility Code: QS1F

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:

Service Levels

New Rx: ☒

Rx Fill: ☒

Cancel Rx: ☒

Cancel Rx Response: ☐

Census: ☒

Resupply: ☒

Controlled Substance (EPCS): ☒

Last Electronic Request:

Last Electronic Update: