**NCPDP SCRIPT Standard Implementation Guide Version 9.Ø – Approved October 2005**
The values of "D", "W", "M", and "Y" and the comments pertaining to the time period have been removed from DRU-Ø6Ø-IØØ9-Ø1-6Ø63 Quantity Qualifier because the values are for different purposes - units (PRN, M, D, etc) versus purpose (R, P, A) that could cause a conflict that would prevent the possibility of using multiple loops of DRU-Ø6Ø.

**NCPDP SCRIPT Standard Implementation Guide Version 1Ø.Ø – Approved October 2006**
In the OBS Segment, level Ø6-7887 Measurement Data Qualifier was added to support code lists from an X12 data element, SNOMED, and LOINC.

**Needs were brought forward for long-term care.**
In the Patient Segment, PTT-Ø5Ø-IØØ1-Ø2-1153 Reference Qualifier, additional patient identifier qualifier values were added for Medical Record Identification Number (EHR), Facility ID Number, and Patient Account Number.

In the Drug Segment, DRU-Ø4Ø-IØØ6-Ø1-2ØØ5 Date/Time Period Qualifier, additional values were added for Delivered on This Date (Date prescription received at facility), and Validated (Date reviewed at facility). Field Prior Authorization Status was added with various values. Field Do Not Fill/Profile Flag was added to be used for medications ordered by a prescriber but not requiring dispensing at this time, but required for administration and available for drug-to-drug interactions

In a facility, there is a need to identify a specific unit room and bed for medication delivery. Fields were added to Patient Segment for Facility Unit, Room, and Bed.

In the Request segment, Change of Prescription Status Flag was added for discontinue or cancellations. This field is used in the CANRX message when the prescriber wishes to notify the pharmacy to no longer continue dispensing any open refills on an active prescription or to cancel a prescription that has not yet been dispensed.

The PVD loops were increased from 3 to 4 to allow support of an occurrence for facility. Ø1Ø-47Ø5 Provider Coded current value "SK" (Skilled Nursing) denotes the facility. While Provider Coded contains many values, the possible 4 occurrences could support a prescriber, a clinic or a facility, a pharmacy, and a pharmacist (4).

**NCPDP SCRIPT Standard Implementation Guide Version 1Ø.1 – Approved July 2007**
**Needs were brought forward for long-term care.**
CENSUS Update Transaction was added. The Census Update Transaction is originated by the facility in a long term care environment. The transaction notifies the pharmacy about census events. The transaction can be used in three cases - to notify the pharmacy of a new resident, a change to demographic information of a resident, or the discharge of a resident.

Support for the Long Term Care (LTC) Medication Change Process was added. Field values were added to the REQ Segment for the CENSUS transaction. Message Function, supports values for Significant change (Any changes to the Drug, form, strength, dosage, or route), Frequency Change (Any change to the frequency or hours of administration for the drug), Insignificant Change (All other changes).

For long term care settings, a new transaction type of "Resupply Request" was added, which looks like a Refill Request, but no response is necessary.

Field values were added to the REQ Segment for the CENSUS transaction. Message Function, supports values for Admit, Change, Discharge – Expired, Discharge – Return Not Anticipated, Discharge – Return Anticipated, Discharge Other. A Date Effective was added.

In the COO Segment, new field values were added for the CENSUS transaction to denote insurance information.

**Other enhancements.**
In the DRU Segment, an enhancement was made for Medication History Response transactions to support the Prescriber Order Number, if used.

DRU Ø6Ø-IØØ9-Ø1-6Ø63 Quantity Qualifier added a new value for number of refills remaining on a prescription, for use in Medication History Responses.

### NCPDP SCRIPT Standard Implementation Guide Version 1Ø.2 – Approved July 2007

In the long term care environment, ordered medications are delivered to the facilities by the pharmacy, usually on a fixed delivery schedule. Because of this model, information is available for the facility and LTC pharmacy if the facility, when submitting a NEWRX or RESUPP, to indicate when the medication is needed. The pharmacy would then know if the order requires a special delivery or if it could go out with the next scheduled delivery. Fields were added for Needed No Later Than with a date and time.

### NCPDP SCRIPT Standard Implementation Guide Version 1Ø.3 – Approval anticipated April 2008

Medication History Response (RXHRES) transaction includes Source and Fill Number information so the receiver's system when appropriate to send, so receivers will be able to de-duplicate records from multiple sources that reflect the same medication dispensing, and better determine patient compliance for the medication. The information also assists the receiver if follow-up contact is required regarding the medication records. A new segment was added "Source".

A new value added to DRU Ø2Ø-IØØ9-Ø3-1131 Code List Qualifier on the NEWRX message, characterizing the quantity being described in the DRU-Ø2Ø Quantity Composite, value "QS" to be used to indicate that the quantity is to be determined by the pharmacy according to an established protocol between the prescriber and the pharmacy/pharmacist.

### NCPDP SCRIPT Standard Implementation Guide Version 1Ø.4 – Approval anticipated April 2008

To the field in the Coordination of Benefits Segment Ø1Ø-IØØ1-Ø2 Reference Qualifier, a value of "ADI" (Processor Identification Number – Processor Control Number assigned by the processor) has been added for use. The Reference Number loop in the Coordination of Benefits Segment Ø1Ø-IØØ1 has been expanded to > 1 to allow multiple loops (such as for BIN and Processor Control Number).

Support for a new conditional segment Structured Sig Segment has been added using the industry developed Structured Sig Standard. The Structured Sig Segment is conditional and may be used in transactions that have a DRU Segment for the drug prescribed or the drug dispensed.

In the COO Coordination of Benefits Segment, the first Service Type was made available for use in Medication History transactions.

### NCPDP SCRIPT Standard Implementation Guide Version 1Ø.5 – Approval anticipated July 2008

The NCPDP SCRIPT *XML Companion Guide* has been incorporated into this document.

Based on review of the SCRIPT Standard Implementation Guide for the American National Standards Institute Healthcare Information Technology Standards Panel (ANSI HITSP) standard selection process of a use case for Medication Management, changes were incorporated that either tightened the usage of a field, or were in support of the Federal Medication Terminologies.

A new qualifier was added to DRU-Ø1Ø-IØ13-Ø3-714Ø Item Number when Code List Responsibility Agency (DRU- Ø1Ø-IØ13-Ø4-3Ø55) = "REP" (Representative NDC).

The field DEA Schedule has been added to the DRU Segment.

Clarifications were made to DRU Segment field notes.

REQ-Ø1Ø-4343 Message Function, coded field values have been further constrained by transaction.