



Medication History Load for Pharmacies

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1. Medication History Load for Pharmacies Overview

This is early adopter documentation. Information is subject to change.

About Medication History Load for Pharmacies

Surescripts Medication History Load for Pharmacies allows pharmacies to send medication history data to Surescripts for hosting. This is done by using the pharmacy extract file. The file is sent on a daily basis and loaded into a repository at Surescripts. This data can then be used when a provider or clinician requests medication history.

About This Guide

The Surescripts Medication History Load for Pharmacies Implementation Guide was created to assist pharmacies in sending medication history data to Surescripts for hosting.

The audience for this document includes any customer responsible for developing a system interface for these pharmacy extract files. This guide describes the Surescripts Pharmacy Extract File Layout.

Note: The terms "message" and "transaction" are used interchangeably throughout this guide. "Transaction" is used when referencing language pulled directly from a standards organization document which uses the term "transaction".

Note Usage

Throughout the guide, different note styles are used for the following purposes:

Note: This is used when a Note is required for content specific to Surescripts.

Reference: This is used when referencing NCPDP documentation.

Document References

Please reference the following documents when reading this guide:

Surescripts provided materials

[Connectivity and Authentication Implementation Guide](#)

[Network Operations Guide](#)

External materials to be obtained by the customer (available at www.NCPDP.org)

NCPDP SCRIPT Standard 2023011 files:

- NCPDP SCRIPT Implementation Guide V2023011 (March 2024 republication)
XML Standard Guide V2022071

Note: There is not automatically a new XML Standard Version for every version of the SCRIPT Standard. The XML Standard is only updated when there are changes made to the guide. The last published version is 2022071. NCPDP does not go back and update the version with each new SCRIPT/Specialized Standard when a new XML Guide is published. This Standards Matrix outlines which version of the XML Guide is associated with each one of the Standards.

- V2023011 SCRIPT Standards Examples Guide V10

NCPDP SCRIPT Implementation Recommendations Version (latest version)

NCPDP External Code List (ECL) V2023011 (NCPDP online tool)

NCPDP SCRIPT

This guide utilizes the NCPDP (National Council for Prescription Drug Programs) messaging standard Prescriber/Pharmacist Interface SCRIPT version 2023011 as a baseline. To become an NCPDP member, please go to

<https://www.ncdp.org/Membership.aspx>.

The NCPDP SCRIPT Standard 2023011 package contains a complete list of fields and additional requirements. Customers should read and comprehend the associated standards prior to reading this guide.

NCPDP is an American National Standards Institute (ANSI) accredited Standard Development Organization. The NCPDP "SCRIPT" standard is a copyrighted document and may be obtained by contacting:

NCPDP

9240 E. Raintree Drive

Scottsdale, AZ 85260-7518

Phone: (480) 477-1000

Fax: (480) 767-1042

<https://www.ncdp.org>

2. Integration & Production

Integration Process

When a customer begins integrating a Surescripts product into their application(s), they will be provided access to all the Surescripts documentation pertaining to the product being implemented. In addition, customers will be provided access to the staging environment to design, develop and test the product integration within their application.

Note: The time frame of the project can vary depending on the customer's resource allocation for the project.

Meeting Requirements

During Integration, customers will ensure their system has met all product requirements. The Certification Testing will focus on message format, application workflow and display in accordance with Surescripts documentation and the associated Application Certification Requirements (ACRs). Upon successful completion of certification and, when applicable, other pre-production network requirements (e.g., Identity Proofing, Attestations, DEA audit), customers will be enabled in production.

For requirements, consider the following:

- Surescripts ACRs are required to be met to achieve production status on the Surescripts network and will be enforced as part of certification.
- To ensure high-quality transactions, Surescripts applies additional business rules above and beyond the NCPDP schema defined requirements that will cause a message to be successful or rejected.
- Surescripts test cases do not cover all possible scenarios in production. Customers are responsible for testing any other applicable scenarios specific to their production environment.
- In accordance with the customer's legal agreement with Surescripts, each customer is responsible for ensuring compliance with all applicable laws including, but not limited to, local and state laws/regulations where doing business.

Surescripts Terminology Usage

For terminology usage throughout this guide, consider the following:

Term	Term Usage
must	Requirements that are enforced as part of the production code or Surescripts business rules.
shall	Requirements customers are required to meet in order to be certified on the Surescripts network. These requirements will be enforced as part of certification.
should	Used for guidance and best practices. Customers are encouraged, but not required, to meet best practices in order to be certified on the Surescripts network.

Transition to Production

Once certification and the contract are complete and approved by the Surescripts Certification Review Board, the customer is ready to move into production. Surescripts will configure the production connection and validate successful operations with the customer. Prior to the transition to production, Surescripts Account Management will work with the customer and internal Surescripts teams to discuss the following:

- Production support contacts (Escalation Matrix)

- Support process and training
- Support hours

Secure FTP

Contact your Surescripts resource for Secure FTP requirements.

UTC Time Format

By using Coordinated Universal Time (UTC), the receiver of a message will know the time regardless of their time zone. For example: If a message was sent from Boston at 5:30PM EDT (Eastern Daylight Time), the time would be sent as 21:30 UTC time. If this message was received in Chicago CDT (Central Daylight Time), the 21:30 UTC could be converted to the local CDT time of 4:30PM. Refer to http://en.wikipedia.org/wiki/Coordinated_Universal_Time, or <http://www.w3.org/XML/> for more information. Synchronize UTC time with NIST (National Institute of Standards and Technology). Drift of no more than one minute will be acceptable.

When sending only a Date (not Date and Time), it should be sent in your local time zone, and the receiver should interpret it in their local time. Neither party should attempt to convert the Date to UTC.

All standard programming languages should have a function for generating a date in the UTC time zone or displaying a date in the local time zone. The format of the date/time fields in the XML schema must use the xsd:dateTime format. Examples of that format are: CCYY-MM-DDTHH:MM:SS.FFFZ, where the UTC time zone may be specified as Z, + 00:00, or - 00:00. For example, 2013-01-01T16:09:04.555Z, or 2013-01-01T16:09:04.555-00:00, or 2013-01-01T16:09:04.555+00:00, where 16:09:04.555Z would be 16 hours, 09 minutes, 04 seconds, 555 fractional seconds. UTC time is denoted by either the "Z" in the first example or the "-00:00" in the second example, or the "+00:00" in the third example. The fractional seconds is not required, if a customer chooses to send fractional seconds, they must be sent with a precision of exactly three digits. Refer to xsd:dateTime for more information.

For simple date fields that do not include the time portion, the format is: CCYY-MM-DD.

Compliance

Surescripts goal is efficiency and consistency across the network so all customers can meet the highest measures of patient safety, end-to-end reliability, and quality. To ensure that customers comply with and adhere to the approved certification requirements, Surescripts:

- Monitors customers in production to ensure all network customers remain in compliance with certification requirements and contractual terms.
- Initiates a remediation process for identified compliance issues.

To ensure network and patient safety, customer agrees to notify Surescripts of any modifications through use of the Surescripts recertification form. Upon receipt of this form, changes will be reviewed, and a determination made as to what (if any) level of certification may be required before being placed into production.

When changes are made to a customer's implementation, the customer should advise their account manager. The customer will be given a recertification guide to provide details regarding the changes made. Upon receipt of the completed document, the details will be reviewed, and a determination will be made as to what (if any) level of recertification is necessary.

As a reminder, Surescripts conducts certification with customers to ensure the application adheres to network requirements. Surescripts will enforce mandatory fields as required by the Standards body and Surescripts guide requirements. To maximize interoperability, customers are recommended to support optional fields that have been created to address gaps in discrete data

needs and the many solutions that are in place for the benefit of the receiver. Surescripts encourages, but does not guarantee, the use of optional discrete fields to support end user workflows.

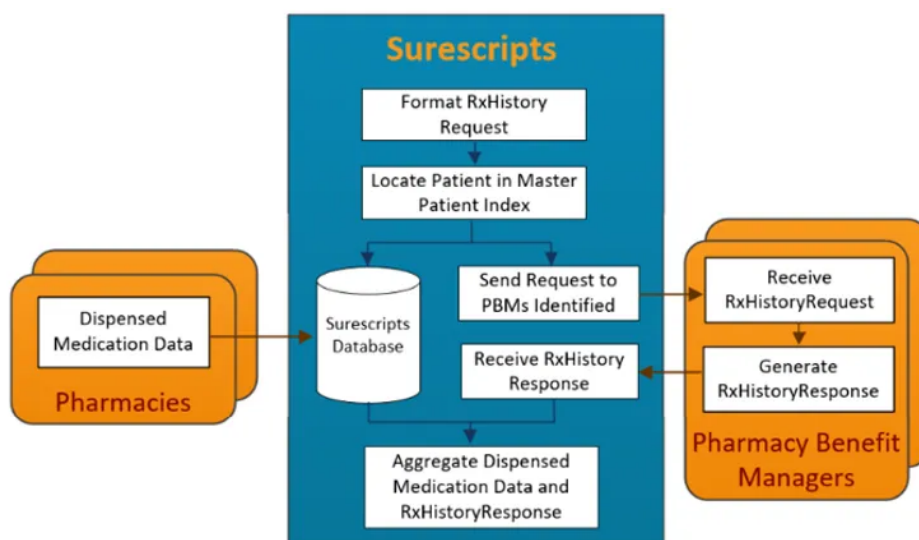
This guide is intended for certification on our network only and is not intended to ensure compliance with state and federal law. In accordance with the customer's legal agreement with Surescripts, each customer is responsible for conducting its own due diligence to ensure compliance with all applicable laws and requirements, including, but not limited to, local and state laws and regulations in which the customer's application is deployed and used.

3. Messages Overview

Medication History Load Message Flow

The Surescripts Medication History Load for Pharmacies service assists pharmacies by hosting medication history data using the pharmacy extract file.

The file is sent by the pharmacy in a batch file process on a daily basis and loaded into a repository at Surescripts.



- Surescripts validates the submitted file and generates and posts a Validation Response File in the SFTP folder for customer retrieval. This response notifies the customer that the Medication History File was received and processed. The response file also provides details of any errors (represented in mandatory fields) or correction requests (in conditional fields) that were encountered during the validation process. These are shown as DTL errors/correction requests within the SFTP file retrieved by the pharmacy customer. The Pharmacy user should plan to resend the corrected records with errors (1st priority) and correction requests (2nd priority) in a subsequent file.
 - An error represents a mandatory field that does not meet the validation rules outlined in this guide and therefore will not be passed to the Surescripts repository.
 - A correction request is representative of a set of data within a conditional field that does not meet the validation rules outlined in this guide and will be passed into the Surescripts repository with the field left blank. For example, an error occurred due to invalid zip code format (mandatory field), resulting in that record being excluded from the Surescripts repository. If the correction request occurred in patient primary phone number field (conditional), the record will pass into the Surescripts repository with the patient primary phone number left blank. (For multiple correction requests in conditional fields, all fields will be left blank and passed into Surescripts repository).
 - For a record that has an error and a correction request because the mandatory field must meet validation it will not be passed into Surescripts repository.
- If a correction request record is corrected and sent via a subsequent PEF file, the record will be updated in the Surescripts repository to include the corrected data within the previous correction request field.
- It is highly recommended to ensure you are only resubmitting the records with errors and correction requests. Please do not correct the errors/correction requests and resubmit the full file (i.e. if you submit a request with 100 records and 25 errors were returned, the correction file should only contain 25 revised records).
- Surescripts retrieves and aggregates available Dispersed Fill Data.

- Surescripts locates patients using the Master Patient Index (MPI). For patients found:
 1. The medication history request is routed to the appropriate PBM/payer for processing. This data will contain any claim on file for medications where the pharmacy benefit may be used and may be reversed if the medication is returned to stock.
 2. The medication history request also calls on our dispensed medication fill database, which is updated regularly by pharmacies connected to Surescripts. This data will contain records for dispensed medications and includes both cash and coupon pay.
- For processing record reversals (voids), reference **Record Reversals and Updates**. All records are subject to validation prior to reversal; therefore validation errors will prevent a reversal from occurring.

- Surescripts will never over-write or replace existing data from data suppliers.
- If a patient does not grant access to their data, the pharmacy is responsible for excluding the patient's data from the file sent to Surescripts.
- Surescripts uses an overall file trailer for each file, which provides detailed summary information inside.

4. Pharmacy Extract File Layout

File Naming and Formats

The Input File name convention is PharmacyName-YYYY-MM-DD-XX where XX is a unique sequence for that day. It is strongly recommended to compress the file prior to transmitting it to Surescripts. The current zip protocols that are supported are gzip, bzip2 and zip. For the Response File naming convention, see [Pharmacy Extract Response File](#).

Character Set

Reference: NCPDP XML Standard Version V2022071, Version 2023011. Sec. 13.1.4: Page 83.

The file layout table below uses the following types:

Type	Notation
Alphanumeric	an
Date	dt
Numeric	n
Time	tm

Alphanumeric data must only contain ASCII characters with decimal values of 32 through 126, excluding the delimiter characters listed in [Delimiter Character](#) below. All characters outside this range will be rejected. See <http://www.asciitable.com/> for a list of valid characters.

Numeric data is composed of the characters 0-9 and the decimal character.

Delimiter Character

The following table contains delimiters used in inbound and outbound files. The pharmacy should never use these delimiters in the data fields.

Character	Description
*	asterisk
	Pipe
\	backslash
:	colon
~	Tilde

Requirement Designation

Code	Description
mandatory	The element must be used per the specification (e.g., XML schema validation).
conditional	The element is to be used per the conditions specified. Note: If specific conditions in comments section are not met, field will error during validation.
business rule	If sent, the element must be used per the Surescripts business rule. Note: Not all business rules reside in this table.
not used	Not used by Surescripts. Field will be ignored unless used outside of data type requirements. If it is used outside of data type requirements, it will be rejected.

Pharmacy Extract File Layout

Each field is delimited by the pipe character (|). Each line is separated by a new line (Hex 0A) character.

Note: The following are key fields and the combination of those fields must be unique: Prescription Number, Fill Number, Pharmacy NCPDP ID, Date Filled, and Compound Ingredient Sequence Number.

Header Elements

Field #	Field Name	Data Type	Code	Comments	Examples
0	Record Type	an 3/3	mandatory	Identifies record type Value: HDR	HDR
1	Version/Release Number	an 3/3	mandatory	Version Number of this specification Values: 7.0 8.0	8.0
2	Receiver ID	an 1/30	mandatory	ID identifying the receiver of the file. Value: S0000000000000001	S0000000000000001
3	Transmission Control Number	an 1/10	mandatory	Unique identifier defined by the sender Note: The value must be unique for each file transmission.	1000001000
4	Transmission Timestamp	dt 20/29	mandatory	This field includes the date and time. Note: Time zone is required. See UTC Time Format for more information.	2018-10-01T08:33:55.123-00:00
5	Transmission File Type	an 1/3	mandatory	Identifier for the file type. Value: PEF = Pharmacy Extract File	PEF = Pharmacy Extract File
6	Transmission Action	an 1/1	mandatory	Value: A = Add	A
7	Extract Date	dt 8/8	mandatory	Date File was created Format: CCYYMMDD	20170630
8	File Type	an 1/1	mandatory	Values: T = Test P = Production	P
9	Pharmacy Dispensing Software Vendor	an60	conditional	Name of software vendor the pharmacy uses.	
10	Phone Number	n10	conditional		

Detail (DTL) Elements

Field #	Field Name	Data Type	Code	Comments	Examples
0	Record Type	an 3/3	mandatory	Identifies record type. Value: PEF	PEF
1	Record Sequence Number	n 1/1 0	mandatory	Unique Number for this detail row in the transaction.	3
Patient					
2	Pharmacy Patient ID	an 1/3 5	mandatory	business rule Unique ID assigned to the patient by the pharmacy. A unique ID must be sent to ensure accurate patient matching. Patient ID cannot contain an apostrophe (') or double quote (").	
3	Patient ID Medicare Number	an 11/1 1	conditional		12345678910
4	Patient ID Medicaid Number	an 1/3 5	conditional		
5	Patient ID Social Security	n 9/9	conditional		756235469
6	Patient ID REMS	an 1/3 5	conditional	Risk Evaluation and Mitigation Strategy – patient identifier assigned by the REMS Administrator.	
7	Alternate Patient ID	an 1/2 0	conditional	Unique identifier of patient as issued by governmental issuing authority and provided to the pharmacy for identification. Do not include punctuation. Required if Alternate Patient ID Qualifier is populated.	
8	Alternate Patient ID Qualifier	an 2/2	conditional	Values: 01 = Military ID 02 = State Issued ID 03 = Unique System ID 04 = Permanent Resident Card	05

Field #	Field Name	Date Type	Code	Comments	Examples
				05 = Passport ID 08 = Tribal ID 09 = Vendor Specific (such as Bamboo Health, Experian, LexisNexis) 10 = Veterinary Patient Microchip 11 = Medicaid Recipient ID Number 99 = Other (Trading partner agreed upon ID) Required if Alternate Patient ID is populated.	
9	Customer DL Number	alpha/20	conditional	Driver's License Number. The driver's license number should be sent without dashes or spaces.	QBY12678946
10	Patient Location Code	alpha/22	conditional	Values: 01 = Home 02 = Intermediary Care 03 = Nursing Home 04 = Long Term/Extended Care 05 = Rest Home 06 = Boarding Home 07 = Skilled Care Facility 08 = Sub-Acute Care Facility 09 = Acute-Care Facility 10 = Outpatient 11 = Hospice 12 = Homeless/Unhoused 13 = Transient Care 98 = Unknown 99 = Other	03
11	Patient Location Facility Unit	alpha/35	conditional		Stone River Ramsey
12	Patient Location Bed	alpha/10	conditional		02
13	Patient Location Room	alpha/10	conditional		1003

Field #	Field Name	Date Type	Code	Comments	Examples
14	Patient Last Name	any 1/3 5	mandatory		Hanson
15	Patient First Name	any 1/3 5	mandatory		Jane
16	Patient Middle Name	any 1/3 5	conditional		Ann
17	Patient Name Prefix	any 1/1 0	conditional		Mrs.
18	Patient Name Suffix	any 1/1 0	conditional		6
19	Patient Former Last Name	any 1/3 5	conditional		Jones
20	Patient Former First Name	any 1/3 5	conditional		Patricia
21	Patient Former Middle Name	any 1/3 5	conditional		Jon
22	Patient Former Name Prefix	any 1/1 0	conditional		Mr.
23	Patient Former Name Suffix	any 1/1	conditional		II

Field #	Field Name	Data Type	Code	Comments	Examples
		0	onal		
24	Patient Date of Birth	dt 8/8	mandatory	Format: CCYYMMDD	19841024
25	Patient Gestational Age	n 1/2	conditional	Gestational age at birth (number of weeks).	32
26	Patient Gender	an 1/1	mandatory	Values: M = Male F = Female U = Unknown/Undisclosed N = Non-Binary X = Unspecified/Other	M
27	Sex Assigned at Birth	an 1/1	conditional	Values: M = Male F = Female	
28	Patient Address 1	an 1/4 0	mandatory		1234 West Ave
29	Patient Address 2	an 1/4 0	conditional		STE E
30	Patient City	an 1/3 5	mandatory		Chicago
31	Patient State/Province	an 2/5	mandatory	Postal Office State abbreviation. Surescripts maps US state to State or translates the ISO format of Canadian Province into currently supported values. Example for Canadian Provinces: 2 character Canadian Province with a "CA" prefix (e.g., CA AB).	IL

Field #	Field Name	Data Type	Code	Comments	Examples
32	Patient Postal Code	alpha numeric 5/9	mandatory	For US postal addresses, use the format 99999 or 999999999. For Canadian postal codes, use a 7 character alpha numeric string. (Format A0A 0A0, where A is a letter and 0 is a digit, with a space separating the third and fourth characters.) Do not include punctuation.	60459 604594563 Y0B 0A0
33	Patient Country	alpha numeric 2/2	conditional	Values: US = United States of America CA = Canada	US
34	Patient Primary Phone Number	numeric 10/10	conditional	Do not include punctuation.	9995551212
35	Patient Primary Phone Extension	numeric 1/8	conditional		2389
36	Patient Primary Phone Supports SMS	numeric 1/1	conditional	Values: 0 = False 1 = True	0
37	Patient Email	alpha numeric 1/80	conditional		jane.johnson55555@gmail.com
38	Patient Fax Number	numeric 10/10	conditional		6493206487
39	Patient Fax Extension	numeric 1/8	conditional		5634
40	Patient Home Phone Number	numeric 10/10	conditional		5551061191

Field #	Field Name	Data Type	Code	Comments	Examples
41	Patient Work Phone Number	numeric 10/10	conditional		5551586487
42	Patient Work Phone Extension	numeric 1/8	conditional		4628
43	Patient Other Phone Number	numeric 10/10	conditional		5551586487
44	Patient Other Phone Extension	numeric 1/8	conditional		26795
45	Patient Consent Indicator	numeric 1/1	conditional	Values: 0 = patient is active and medication information can be shared. 1 = the patient has requested that none of their information be shared. No medication information for this patient will be shared. If Patient Active Indicator is blank, it is treated as a 0 (patient is active and medication information can be shared.).	0
46	Drug Record Indicator	numeric 1/1	conditional	Values: 0 = medication information can be shared. 1 = patient has requested that only this medication record not be shared. If Drug Record Indicator is blank it will be treated as 0 = medication information can be shared.	0
47	Allergy	numeric 1/35	conditional	Used to enter patient allergy information.	Peanut
48	Species Code	numeric 2/2	conditional	Values: 01 = Human 02 = Veterinary Patient	01

Field #	Field Name	Data Type	Code	Comments	Examples
49	Name of Animal	alpha/30	conditional	Name of animal for which veterinarian has written the prescription.	Remi
50	Patient Hospice Indicator	numeric/1	conditional	Indicates patient's hospice status. Values: 1 = Enrolled in hospice 2 = Not enrolled in hospice	2
Pharmacy					
51	Pharmacy NCPDP ID	numeric/7	mandatory	Include any leading or trailing zeros in the ID.	0753489
52	Chain Site ID	alpha/10	conditional	Store number assigned by the chain to the pharmacy location.	6484
53	Pharmacy Type	numeric/1	mandatory	Values: 1 = Retail 2 = Mail Order 3 = Specialty 4 = Long Term Care 5 = Infusion	1
54	Pharmacy Name	alpha/70	mandatory	Publicly known pharmacy name.	Walgreens
55	RxOrigin Code	numeric/2	mandatory	Code indicating origin of prescription. Values: 00 = Not Specified 01 = Written Rx 02 = Telephone Rx 03 = Emergency Phone 04 = FAX 05 = Electronic 06 = Transferred/Forwarded Rx 07 = Order (Administered at Prescriber Location) 08 = Dispensed from Prescriber Location 09 = Standing Order/Protocol	05

Field #	Field Name	Data Type	Code	Comments	Examples
				99 = Other	
56	Pharmacy DEA Number	an 9/9	conditional	DEA number of Pharmacy. 2 alpha characters followed by 7 digits.	AB1234567
57	Pharmacy DEA Suffix	an 1/7	conditional		
58	Pharmacy Specialty	an 1/1 0	conditional	See the Health Care Provider Taxonomy code set: http://www.nucc.org/index.php/code-sets-mainmenu-41/provider-taxonomy-mainmenu-40	207ND0900X
59	Pharmacy NPI	n 10/ 10	mandatory	10 digit value.	1234567890
60	Pharmacy ID State License Number	an 1/3 5	conditional	Used to help identify the sending pharmacy.	
61	Pharmacy ID Medicare Number	an 1/3 5	conditional	CMS Certification Number (CCN).	
62	Pharmacy ID Medicaid Number	an 1/3 5	conditional		
63	Pharmacy Address 1	an 1/4 0	conditional		
64	Pharmacy Address 2	an 1/4 0	conditional		

Field #	Field Name	Data Type	Code	Comments	Examples
65	Pharmacy City	alpha/35	mandatory		
66	Pharmacy State	alpha/22	mandatory		TX
68	Pharmacy Postal Code	numeric/59	mandatory	Use the format 99999 or 999999999. Do not include punctuation. Note: Canadian postal codes do not apply. Only US pharmacies are applicable.	55303 553034698
68	Pharmacy Primary Phone Number	numeric/10/10	mandatory	Do not include punctuation.	9995551212
69	Pharmacy Primary Phone Extension	numeric/18	conditional		43987
70	Pharmacy Email	alpha/180	conditional		SupportStore1568@Walgreens.com
71	Pharmacy Fax Number	numeric/10/10	conditional		1468963454
72	Pharmacy Fax Extension	numeric/18	conditional		4389
73	Contact Name	alpha/130	conditional	Contact Name at Pharmacy.	Gloria
74	Pharmacist NPI	numeric/10/	conditional	10 Digit value.	1234567890

Field #	Field Name	Data Type	Code	Comments	Examples
		10	conditional		
75	Pharmacist Last Name	alphanumeric 1/35	conditional		Thunder
76	Pharmacist First Name	alphanumeric 1/35	conditional		Ben
77	Pharmacist Middle Name	alphanumeric 1/35	conditional		Richard
78	Pharmacist Name Prefix	alphanumeric 1/10	conditional		MR.
79	Pharmacist Name Suffix	alphanumeric 1/10	conditional		II
80	Pharmacist Address Line 1	alphanumeric 1/40	conditional		4036 156th Lane
81	Pharmacist Address Line 2	alphanumeric 1/40	conditional		PO Box 1589
82	Pharmacist Address City	alphanumeric 1/35	conditional		Bloomington
83	Pharmacist Address State Province	alphanumeric 2/2	conditional		AZ

Field #	Field Name	Data Type	Code	Comments	Examples
84	Pharmacist Address Postal Code	n 5/9	conditional	Use the format 99999 or 999999999. Do not include punctuation. Note: Canadian postal codes do not apply. Only US pharmacies are applicable.	60459 604594563 Y0B 0A0
85	Pharmacist Primary Phone Number	n 10/ 10	conditional		
86	Pharmacist Primary Phone Extension	n 1/8	conditional		
87	Pharmacist Email	an 1/8 0	conditional		
88	Pharmacist Fax Number	n 10/ 10	conditional		
89	Pharmacist Fax Extension	n 1/8	conditional		
90	Pharmacist Work Phone Number	n 10/ 10	conditional		
91	Pharmacist Work Phone Extension	n 1/8	conditional		
92	Pharmacist State License Number	an 1/3 5	conditional		
93	Pharmacist ID Medicare Number	an 1/3	conditional		

Field #	Field Name	Data Type	Code	Comments	Examples
		5	conditional		
94	Pharmacist ID Medicaid Number	alpha/numeric 1/35	conditional		
95	Pharmacist ID DEA Number	alpha/numeric 9/9	conditional	DEA number of Pharmacy. 2 alpha characters followed by 7 digits.	AB1234567
96	State Code Issuing Rx Serial Number	alpha/numeric 2/2	conditional	State code that issued serialized prescription blank. Required if State Issued Rx Serial Number is populated.	CA
97	State Issued Rx Serial Number	alpha/numeric 1/20	conditional	Number assigned to state issued serialized prescription blank. Required if State Code Issuing Rx Serial Number is populated.	
98	Pharmacy Permit/License Number	alpha/numeric 1/20	conditional	Board of Pharmacy Number.	
99	Pharmacy Alternate License Number	alpha/numeric 1/12	conditional	Used for controlled substance dispensing.	
	Prescriber				
100	Prescriber SPI	numeric 1/13	conditional	Surescripts Prescriber Identifier.	
101	Prescriber NPI	numeric 10/10	conditional	Required unless the prescriber is a veterinarian.	1234567890
102	Prescriber ID DEA	alpha/numeric 9/9	conditional	DEA number of Prescriber. 2 alpha characters followed by 7 digits. If Drug Coded DEA Schedule = controlled substance, then this field is required.	AB1234567

Field #	Field Name	Data Type	Code	Comments	Examples
103	DEA Suffix	alpha/7	conditional	Surescripts will accept and load up to the maximum defined characters.	
104	Prescriber State License Number	alpha/20	conditional	Surescripts will accept and load up to the maximum defined characters.	
105	Prescriber ID Medicare Number	alpha/35	conditional		
106	Prescriber ID Medicaid Number	alpha/35	conditional		
107	Prescriber ID UPIN	alpha/66	conditional		
108	Prescriber ID HIN	alpha/35	conditional		
109	Alternate Prescriber ID	alpha/10	not used	Not used by Surescripts.	
110	Prescriber Practice Location ID Medicare Number	alpha/35	conditional		
111	Prescriber Practice Location ID Medicaid Number	alpha/35	conditional		
112	Prescriber Practice Location ID UPIN	alpha/35	conditional		

Field #	Field Name	Data Type	Code	Comments	Examples
			optional		
113	Prescriber Practice Location ID Facility ID	integer 1/35	conditional		
114	Prescriber Practice Location ID DEA Number	integer 9/9	conditional		
115	Prescriber Practice Location ID NPI	integer 10/10	conditional		
116	Prescriber Practice Location ID REMS Healthcare Provided Enrollment ID	integer 1/35	conditional		
117	Prescriber Practice Location Business Name	integer 1/70	conditional		
118	Prescriber Last Name	integer 1/35	mandatory		
119	Prescriber First Name	integer 1/35	mandatory		
120	Prescriber Middle Name	integer 1/35	conditional		
121	Prescriber Name Prefix	integer 1/10	conditional		

Field #	Field Name	Date Type	Code	Comments	Examples
			optional		
122	Prescriber Name Suffix	alpha/numeric	conditional		
123	Prescriber Address 1	alpha/numeric	conditional		
124	Prescriber Address 2	alpha/numeric	conditional		
125	Prescriber City	alpha/numeric	conditional		
126	Prescriber State	alpha/numeric	conditional	Postal Office State abbreviation.	
127	Prescriber Postal Code	numeric	conditional	Use the format 99999 or 999999999. Do not include punctuation. Note: Canadian postal codes do not apply. Only US pharmacies are applicable.	
128	Prescriber Primary Phone Number	numeric	conditional	Do not include punctuation.	9995551212
129	Prescriber Primary Phone Extension	numeric	conditional		
130	Prescriber Primary Phone Supports SMS	numeric	conditional	Values: 0 = False 1 = True	

Field #	Field Name	Data Type	Code	Comments	Examples
131	Prescriber Email	alpha/80	conditional		
132	Prescriber Fax Number	numeric/10/10	conditional	Do not include punctuation.	9995551212
133	Prescriber Fax Extension	numeric/1/8	conditional		
134	Prescriber Work Phone Number	numeric/10/10	conditional		
135	Prescriber Work Phone Extension	numeric/1/8	conditional		
136	Prescriber Other Phone Number	numeric/10/10	conditional		
137	Prescriber Other Phone Extension	numeric/1/8	conditional		
	Medication				
138	Prescription Number	alpha/1/35	mandatory	Prescription number assigned by the pharmacy. Surescripts will accept and load up to the maximum defined characters.	
139	Fill Number	numeric/2/2	mandatory	Values 00 through 99 are valid. Examples include: 00 = Original fill 01 = 1st refill, etc.	

Field #	Field Name	Data Type	Code	Comments	Examples
140	Partial Fill Indicator	n 2/2	conditional	Partial fill prescriptions filled on the same day should be summed within the same fill number. Values: 01 = Partial Fill 02 = Not Partial Fill	01
141	Partial Fill Sequence Number	n 2/2	conditional	Unique sequence number for each part of a partial fill. Values less than 10 must have a leading zero. Values 00 through 99 are valid. Examples include: 00 = Not a Partial Fill 01 = First Partial Fill	01
142	NDC Number Dispensed	n 11/1	mandatory	Include leading zeros for all sections of the NDC number. NDC should be sent if it exists. For compounds, populate the specific ingredient identifier(s) in the Compound Ingredient fields.	55555444422
143	UPC Number Dispensed	n 12/12	conditional	Provide if available. For compounds, populate the specific ingredient identifier(s) in the Compound Ingredient fields.	
144	UDI Dispensed	an 6/75	conditional	Provide if available. For compounds, populate the specific ingredient identifier(s) in the Compound Ingredient fields.	
145	RxNorm Code	an 1/35	conditional	Provide if available. For compounds, populate the specific ingredient identifier(s) in the Compound Ingredient fields. Required if RxNorm Product Term Type is populated.	
146	RxNorm Product Term Type	an 3/3	conditional	Value: SCD = Semantic clinical Drug SBD = Semantic Branded Drug GPK = Generic Package BPK = Branded package Required if RxNorm Code is populated.	
147	Manufacturer Name	an 1/105	conditional		
148	Drug DB Code	an 1/8	conditional	Proprietary code from third party drug database.	

Field #	Field Name	Data Type	Code	Comments	Examples
			optional		
149	Drug DB Code Qualifier	numeric 1/3	conditional	If a DrugDBCode is sent, indicate the specific drug database referenced. Values: DIT = SCHOLZ DataBank FDB = First Databank GS = Elsevier LD = Wolters Kluwer Lexi-Corp MS = Medispan MUL = Cerner Multum RB = IBM Truven Health Analytics	
150	Drug Coded DEA Schedule	numeric 1/1	conditional	Classification level for controlled substance drugs. Values: 0 = Not a controlled substance. Not stated explicitly or in detail. 1 = Schedule I 2 = Schedule II 3 = Schedule III 4 = Schedule IV 5 = Schedule V If controlled substance, this is required.	2
151	Medication Name	alphanumeric 1/105	mandatory	For non-compounds, this field should include a standardized drug name including strength and form from a drug compendia. For a compound, the names of the ingredients in the compound or the prescriber's preferred name should be communicated here.	Amlodipine 5 mg tablet
152	Treatment Type	numeric 2/2	conditional	This field indicates that the prescription was for opioid dependency treatment when Code 02 is used. Values: 01 = Not Used for Opioid Dependency Treatment 02 = Used for Opioid Dependency Treatment 03 = Pain Associated with Active and Aftercare Cancer Treatment 04 = Palliative Care in Conjunction with a Serious Illness 05 = End-of-Life and Hospice Care 06 = A Pregnant Individual with a Pre-existing Prescription for Opioids 07 = Acute Pain for an Individual with an Existing Opioid Prescription for Chronic Pain 08 = Individuals Pursuing an Active Taper of Opioid Medications 09 = Patient is Participating in a Pain Management Contract	

Field #	Field Name	Data Type	Code	Comments	Examples
				10 = Acute Opioid Therapy 11 = Chronic Opioid Therapy 99 = Other (trading partner agreed upon season)	
153	Strength Unit Of Measure Code	an 1/15	conditional	For a list of FMT codes, go to: http://evs.nci.nih.gov/ftp1/NCPDP/About.html . This list should be updated on a monthly basis.	
154	Strength Value	an 1/70	conditional		
155	Strength Form Code	an 1/15	conditional	For a list of FMT codes, go to: http://evs.nci.nih.gov/ftp1/NCPDP/About.html . This list should be updated on a monthly basis.	
156	SIG Text	an 1/1000	conditional	SIG Text is strongly recommended to be sent. Sig contains either completely free text with no corresponding structured content or is a generated structured Sig that contains all the elements semantically captured by and corresponding to the codified elements and clarifying free text fields. If you cannot fully represent the content of the prescriber's intended directions in the structured Sig only populate the free text. See Appendix C: SigText Field Best Practices section. Patient instructions should not be split between the SigText and Notes fields as this can result in an incorrect interpretation by the pharmacy staff of the prescriber's preferred patient instructions which may result in negative therapeutic outcomes and/or patient harm. Sigs should not be truncated because important information can be lost. Text directions, no codes. Directions for use should be spelled out clearly in proper English. The use of abbreviations (particularly Latin) or symbols is unnecessary and discouraged because it can lead to medication errors. Reference: NCPDP SCRIPT Structured and Codified Sig Format Implementation Guide	Use "Take 1 tablet by mouth twice a day" instead of "1 T PO BID."
157	Quantity Prescribed	n 1/11	mandatory	When sending decimals, always use a leading zero and never use a trailing zero.	Correct format: 0.5, 2.5, or 12

Field #	Field Name	Data Type	Code	Comments	Examples
			tory		Incorrect format: .5, 2.50, or 12.0
158	Quantity Dispensed	n 1/11	mandatory	For return to stocks and/or script reversals please set this field with quantity '0'. See Appendix B: Record Reversals and Updates for reversal instructions. When sending decimals, always use a leading zero and never use a trailing zero.	Correct format: 0.5, 2.5, or 12 Incorrect format: .5, 2.50, or 12.0
159	Quantity Qualifier - Units of Measure	an 2/2	mandatory	Values: EA = Each GR = Grams ML = Milliliters	EA
160	Days Supply	n 1/3	mandatory		
161	Substitutions	n 1/1	mandatory	Values: 0 = No Product Selection Indicated - This is the field default value that is appropriately used for prescriptions for single source brand, co-branded/co-licensed, or generic products. 1 = Substitution Not Allowed by Prescriber Note: If unknown, "0" should be sent.	1
162	Lot Number	an 1/1 40	conditional		
163	Lot Number Expiration	dt 8/8	conditional	Format: CCYYMMDD	19901217
164	Date Written	dt 8/8	mandatory	Date may not be after Date Filled. Format: CCYYMMDD	20030803
165	Date Adjudicated	dt 8/8	conditional	Format: CCYYMMDD	20070412

Field #	Field Name	Date Type	Code	Comments	Examples
166	Date Filled	dt 8/8	mandatory	Date may not be before Date Written. Note: If Sold Date is not populated, it is recommended to send a void in the Date Filled field. Format: CCYYMMDD	20060224
167	Sold Date	dt 8/8	conditional	Sold Date is also referred to as Date Picked Up. This is the date that the prescription was picked up at the pharmacy/delivered to the patient. Format: CCYYMMDD	20010102
168	Refills Originally Authorized	n 1/2	mandatory		4
169	Refills Remaining	n 1/2	mandatory		2
170	Electronic Rx Ref Number	an 1/3 5	conditional	Electronic Prescription Reference Number that links the MessageID of the related NewRx. Mandatory if RxOrigin Code is set to '05'. Used to provide an audit trail for electronic prescriptions. When Electronic Prescription Order Number is populated, the Electronic Rx Ref Number must also be populated.	3971342601962144 678
171	Compound Ingredient Sequence Number	n 1/2	mandatory	0 = Non-Compounds First Compound Ingredient to be 1 and increment by 1 for each additional ingredient. Compound Ingredients for the same prescription should be grouped together in sequential order.	
172	Compound Ingredient NDC	n 11/1	conditional	Provide if available. NDC Code for the compound ingredient. Include leading zeros for all sections of the NDC number. NDC should be sent if it exists.	
173	Compound Ingredient UPC Number Dispensed	n 12/12	conditional	Provide if available.	

Field #	Field Name	Data Type	Code	Comments	Examples
174	Compound Ingredient RxNorm	integer 1/35	conditional	Provide if available.	
175	Compound Ingredient RxNorm Product Term Type	integer 3/3	conditional	Value: SCD = Semantic clinical Drug SBD = Semantic Branded Drug GPK = Generic Package BPK = Branded package Required if Compound Ingredient RxNorm is populated.	
176	Compound Ingredient Quantity Value	integer 1/11	conditional	If Compound Ingredient Sequence Number = 1 or greater, then this field is required. When sending decimals, always use a leading zero and never use a trailing zero.	Correct format: 0.5, 2.5, or 12
177	Compound Ingredient - Units of Measure	integer 1/2	conditional	Values: EA = Each GR = Grams ML = Milliliters	
178	Compound Ingredient Medication Name	integer 1/105	conditional	This field should include a standardized drug name including strength and form from a drug compendia.	
179	Compound Ingredient DEA Schedule	integer 1/1	conditional	If Compound Ingredient Sequence Number = 1 or greater, then this field is required. Values: 0 = Not a controlled substance. 1 = Schedule I 2 = Schedule II 3 = Schedule III 4 = Schedule IV 5 = Schedule V	2
180	Compound Ingredient Final Compound Pharmaceutical Dosage Form	integer 1/15	conditional	For a list of FMT codes, go to: http://evs.nci.nih.gov/ftp1/NCPDP/About.html . This list should be updated on a monthly basis.	
181	Compound Ingredient Strength Value	integer 1/70	conditional		

Field #	Field Name	Data Type	Code	Comments	Examples
			optional		
182	Compound Ingredient Strength Form Code	numeric 1/15	conditional	For a list of FMT codes, go to: http://evs.nci.nih.gov/ftp1/NCPDP/About.html . This list should be updated on a monthly basis.	
183	Compound Ingredient Strength Unit of Measure	numeric 1/15	conditional	For a list of FMT codes, go to: http://evs.nci.nih.gov/ftp1/NCPDP/About.html . This list should be updated on a monthly basis.	
184	Compound Ingredient Quantity Unit of Measure Code	numeric 1/15	not used	Not used by Surescripts.	
185	Diagnosis Primary Code	numeric 3/7	conditional	Required if Diagnosis Primary Qualifier is populated. Note: ICD-10 codes do have a decimal; however, for transaction/submission of the codes, the decimal is not included in the code. The reporting of the decimal between the third and fourth characters is unnecessary because it is implied.	
186	Diagnosis Primary Qualifier	numeric 2/2	conditional	Values: 01 = ICD-9 CM 02 = ICD-10 CM 03 = Other 04 = CDT Required if Diagnosis Primary Code is populated.	02
187	Diagnosis Primary Description	text 1/500	conditional		
188	Diagnosis Secondary Code	numeric 3/7	conditional	Required if Diagnosis Secondary Qualifier is populated.	
189	Diagnosis Secondary Qualifier	numeric 2/3	conditional	Required if Diagnosis Secondary Code is populated.	

Field #	Field Name	Date Type	Code	Comments	Examples
190	Diagnosis Secondary Description	any/500	conditional		
Plan Information					
191	Plan Code	numeric/22	conditional	Type of payment plan. Values: 01 = Private Pay 02 = Medicaid 03 = Medicare 04 = Commercial PBM Insurance 05 = Major Medical 06 = Workers' Compensation	01
192	Payment Code	numeric/22	mandatory	Values: 01 = Private Pay (Cash, Charge, Credit Card) 02 = Medicaid 03 = Medicare 04 = Commercial Insurance 05 = Military Installations and VA 06 = Workers' Compensation 07 = Indian Nations 99 = Other	01
193	BIN	numeric/6	conditional	Do not include decimals.	020107
194	PCN	any/10	conditional		01410000
195	Group ID	any/35	conditional		RX1011
196	Cardholder Number	any/35	conditional		

Field #	Field Name	Data Type	Code	Comments	Examples
Other					
197	Issuing Jurisdiction	an 1/3	conditional	Code identifying jurisdiction that issues ID in the Drop Off/Pick Up Person ID field.	
198	Drop Off/Pick Up Person ID	an 1/20	conditional	ID of person dropping off or picking up Rx. Do not include punctuation. Required if Drop Off/Pick Up ID Qualifier is populated.	
199	Drop Off/Pick Up ID Qualifier	n 2/2	conditional	Used to identify type of ID in the Drop Off/Pick Up Person ID field. 01 = Military ID 02 = State Issued ID 03 = Unique System ID 04 = Permanent Resident Card 05 = Passport ID 06 = Driver's License ID 07 = Social Security Number 08 = Tribal ID 99 = Other (Trading partner agreed upon ID) Required if Drop Off/Pick Up Person ID is populated.	
200	Drop Off/Pick Up Person Relationship	n 2/2	conditional	Relationship of person dropping off or picking up Rx. Values: 01 = Parent/Legal Guardian 02 = Spouse 03 = Caregiver 99 = Other	02
201	Drop Off/Pick Up Last Name	an 1/15	conditional	Last Name of Person dropping off or picking up Rx.	
202	Drop Off/Pick Up First Name	an 1/12	conditional	First Name of Person dropping off or picking up Rx.	
203	Drop Off/Pick Up Qualifier	n 2/2	conditional	Identifies whether the person is dropping off or picking up the Rx. Values: 01 = Person dropping off 02 = Person picking up 98 = Unknown/Not applicable	01

Field #	Field Name	Data Type	Code	Comments	Examples
				Note: If a patient ID was collected but it is unknown if the patient was dropping off or picking up, then specify a value of 98. If no ID was collected, then leave the field blank.	
204	Electronic Prescription Order Number	an 1/35	conditional	This is the Prescription Order Number on the NewRx. When Electronic Prescription Order Number is populated, the <u>Electronic Rx Ref Number</u> must also be populated.	
205	Prior Authorization	an 1/35	conditional	Prior Authorization number assigned by PBM/payer.	
206	Prior Authorization Status	an 1/1	conditional	Values: A = Approved - The medication was approved by the payer. D = Denied - The medication was not approved by the payer. F = Deferred - The medication request being reviewed by the payer. N = Not Required - A prior authorization is not required for this medication. R = Requested - The action of obtaining a prior authorization approval is being sought.	

Trailer Elements

Field #	Field Name	Data Type	Code	Comments	Examples
0	Record Type	an 3/3	mandatory	Identifies record type Value: TRL	TRL
1	Total Records	n 1/10	mandatory	Total Records Processed	

Pharmacy Extract Response File

A Response File will be provided to the pharmacy after it has been loaded or attempted to load. This file contains information related to any errors and correction requests encountered by recipient while attempting to load the file and will be sent with a file name similar to the following example:

- Name-2017-08-01-01.1234567890123.1234567890123.gz-extract.rsp (where "name" is the pharmacy name)

The Response File will be placed in the same FTP folder where the customer placed the inbound Pharmacy Extract file.

Note: The pharmacy is responsible for pulling their response files.

The pharmacy should resolve any errors and/or correction requests and include the corrected medications in a future Medication History Load file so that the medication can be loaded into the Surescripts database.

For more detailed information on the error codes sent within the Response File, refer to [Appendix A: Reject Code Summary](#).

Pharmacy Extract Response File Header	Must occur 1
Pharmacy Extract Response File Detail	Occurs 0 if no errors or system error Occurs 1 to n if errors
Pharmacy Extract Response File Trailer	Must occur 1

Pharmacy Extract Response File Header

Header Elements

Field #	Field	Data Type	Code	Comments	Examples
0R	Record Type	an 3/3	mandatory	Identifies record type. Value: SHD	SHD
1R	Version / Release Number	an 3/3	mandatory	Version Number of this specification. Values: 7.0 8.0	8.0
2R	Sender ID	an 3/30	mandatory	ID as assigned by Surescripts identifying Surescripts. Value: S00000000000001	S000000000000001
3R	Transaction Control Number	an 1/10	mandatory	Unique identifier defined by the sender.	
4R	Transmission Timestamp	dt 20/29	mandatory	Date and time transaction was created. Note: Time zone is required. See UTC Time Format for more information.	2018-10-01T08:33:55.123-00:00
5R	Transaction File Type	an 1/3	mandatory	Identifier telling receiver the type of file. Value: PEF	PEF
6R	Originating Transaction Number	an 1/10	mandatory	Number of the original transaction.	
7R	Originating Transaction Timestamp	dt 20/29	mandatory	Date and time Original Incoming File was created. Note: Time zone is required. See UTC Time Format for more information.	2018-10-01T08:33:55.123-00:00
8R	File Type	an 1/1	mandatory	Test or Production. Values: T=Test P=Production	P
9R	Load Status	n 2/2	mandatory	Code Explaining the status of the load. Values: 01 = File loaded correctly–The entire file has loaded without any errors. No detail row errors exist. 02 = File loaded with errors–The file was partially loaded due to row level errors. For row error information, see Appendix A: Reject Code Summary . 03 = File contains errors–File Not loaded The entire file was unable to load because of errors. 04 = System Error–The entire file was unable to load because of errors.	

Detail Elements

Field #	Field	Data Type	Code	Comments	Examples
0R	Record Type	an 3/3	mandatory	Identifies record type. Value: SDT	SDT
1R	Absolute Row Number	n 1/10	mandatory	The absolute row or line number in the file that contains the error. If the row number is 1, then the error is for the file header.	
2R	Section Field in Error	n 1/2	mandatory	Field number that contains the error. Field number of error in row. The first field - Record Type is considered field number 0, the next field is considered field number 1.	
3R	Reject Code	an 4/4	mandatory	Describes error for this field. Note: If an error occurred, the row that the error was in did not load. For compound medications, the entire compound did not load. See Appendix A: Reject Code Summary .	
4R	Additional Message Information	an 1/100	conditional	Free text description of the error.	
5R	Data in Error	an 1/100	conditional	Copy of the bad data. If the data in error is longer than 100 characters it will be truncated. If a pipe character is in the data it will be represented as [PIPE].	
6R	Pharmacy NCPDP ID	n 7/7	conditional		
7R	Chain Site ID	an 1/10	conditional	Store number assigned by the chain to the pharmacy location.	
8R	Prescription Number	an 1/35	conditional	Prescription number assigned by the pharmacy.	
9R	Date Filled	dt 8/8	conditional	Date may not be before Date Written. Format: CCYYMMDD	
10R	Fill Number	n 2/2	conditional	Values: 00 = Original fill 01 = 1st refill, etc.	
11R	Partial Fill Number	an 2/2	conditional	Unique sequence number for each part of a partial fill. Values < 10 must have a leading zero. Values 00 through 99 are valid. Examples include: 00 = Not a Partial Fill 01 = First Partial Fill	

Trailer Elements

Field #	Field	Data Type	Code	Comments	Examples
0R	Record Type	an 3/3	mandatory	Identifies record type. Value: STR	
1R	Total Rows in Error	n 1/10	mandatory		
2R	Total Errors	n 1/10	mandatory		

5. Error Summary

Error Code	Description	Example Error Message
Header		
1000	No medication history records included	
1001	Unknown Segment, Header can only be on first line	Unknown segment = ____
1002	Contract does not exist	
1003	Source Participant is unknown	
1004	Invalid date format	yyyymmdd
1005	Invalid time format	Hhmmssdd
1006	Invalid transmission action	Invalid transmission action = ____, expected = A
1007	Invalid date/time format.	UTC – invalid date/time format. Expected ____
1008	Dependent on another field missing or has a certain value	
Trailer		
2000	Invalid record identifier	Invalid record identifier = ____, expected = ____
2001	Trailer Count incorrect	Trailer Count must match number of lines in PEF file
2002	Unexpected trailer segment	Unexpected segment in trailer = ____, expected = ____
Detail		
3000	Required field missing	Required field must be populated
3001	Invalid date format	Invalid date format = ____, expected = yyyymmdd
3002	Invalid time format	Invalid time format = ____, expected = hhmmssdd
3003	Invalid character = ____	Invalid character =
3004	Invalid character	Invalid character = ____
3005	Invalid field length	Invalid field length = ____, expected = ____
3007	Invalid field length = ____	Invalid field length = 3, expected = 2
3008	Only digits allowed	Only digits allowed values = gr, expected = 0-9
3009	Not one of allowed values = ____	Not one of allowed values = ____, expected = ____
3010	Invalid usage indicator	Invalid usage indicator = ____, expected = T = Test & P = Production
3011	Unexpected segment	Record type = ____, not allowed at this location
3012	Extra blank line in file	
3013	Invalid record identifier	Record type = ____, invalid record type identifier
3014	Unexpected field = expected to be the same for all ingredients of a compound	

Error Code	Description	Example Error Message
3015	Non-sequential compound ingredient sequence number	Non-sequential compound ingredient sequence number = ____, expected = ____
3018	Unable to void medication, medication not found	
3019	Compound ndc, upc, udi, rxnorm is required when sequence # = 0	
3020	Invalid patient postal code	Invalid patient postal code = ____, expected = ____
3021	Invalid pharmacy state	Invalid pharmacy state = ____, expected = ____
3022	Field depends on other required field	
3024	Duplicate record already exists, cannot be added	
9000	See error message for additional details	

6. Record Reversals and Updates

Record Reversal Instructions

To perform a record reversal, Quantity Dispensed must be set to '0' and all required fields must be populated. All records are subject to validation prior to reversal, therefore mandatory fields with validation errors will prevent a reversal from occurring. Reversals must be sent to remove the record from the Surescripts repository. Surescripts record reversal will use the following fields to identify the medication: Prescription Number, Fill Number, Pharmacy NCPDP ID, Date Filled. Reversals must be sent in a subsequent file and cannot be sent in the same file as the original medication. Do **not** submit a reversal for records that need revision or a change in information within any of the patient or dispense fields below. See **Patient Update Instructions** and **Record Update Instructions** below.

Note: A compound will be reversed in total whether or not all ingredients are included in the reversal, but all ingredients provided should have the Quantity Dispensed set to '0'.

Patient Update Instructions

For updating dispense event information, it is important to understand that Patient information is treated differently than the rest of the dispensed medication information. Patient information updates does not cause existing dispensed medications to be reported or re-reported to the state or get re-validated. If record passes validation, patient information will be updated when any of the following information changes:

- Patient First Name
- Patient Last Name
- Patient Middle Name
- Patient Date of Birth
- Patient Address Line 1
- Patient Address Line 2
- Patient City
- Patient Postal Code
- Patient Phone Number
- Patient Gender
- Name of Animal
- Alternate Patient ID
- Alternate Patient ID Qualifier
- Customer DL Number
- Patient Location Code
- Species Code

Other patient information will only be updated when at least one of the fields in the list above is updated. Patient information is assumed to be NCPDP store specific. Updating a patient's information for one NCPDPID will not affect the same patient's information relating to a different NCPDPID.

Record Update Instructions

For updating dispensed event information, it is important to understand that dispensation information is treated differently than the patient information. Record update information does cause the existing dispensed medications to be revised and re-reported to the state. If record passes validation, dispensation information will be updated when a record exists in the database matching on prescription number, fill number, NCPDPID, Date filled, Source, and Pharmacy State and any of the following information change:

- Quantity Prescribed
- Quantity Dispensed
- Day Supply
- Diagnosis Primary Code
- Medication Name
- SIG
- Sold Date
- NDC Number Dispensed
- UPC Number Dispensed
- UDI number dispensed
- Rx Norm Code
- Rx Norm Product Term Type
- Drug DB Code
- Drug DB Code Qualifier
- Treatment Type
- Strength Unit of Measure
- Electronic Rx Ref Number
- Diagnosis Primary Code
- Diagnosis Primary Description

7. Sig Text Filed Best Practices

SigText - Use a Sig Builder

Ensure the vast majority of patient directions are created using a standardized SIG composition function whenever possible.

Clinical Relevance/Rationale:

- The utilization of a SIG builder is an important step in the creation of a high quality, repeatable SIG. Use of a SIG builder ensures variability in patient directions is reduced as the directions are inserted by the system in the same format each time. This helps ensure all needed elements are present and reduces the amount of human manipulation needed thereby reducing the overall risk of an adverse drug event.

Best Practices - For Technology Partners:

- Implement a robust, default Sig-builder tool to help end users construct high quality, repeatable directions from comprehensive usability testing.
- There will be a limited number of instructions that even a complex Sig-builder cannot accommodate. In these cases, allow end users to enter free-text, custom patient instructions. If free text must be used for more complex directions, consider clearing out the pre-populated Sig to avoid possible conflicting information.

SigText - Ensure Sig Directions are Complete and Accurate

Ensure all information in the patient directions or SigText field is clinically correct and complete, with all the required components written in the same order as listed below (i.e., action, dose, dose units, route, frequency, and auxiliary information). Ensure information in the SigText field is not unnecessarily repeated nor conflicts with any other field of the e-prescription.

Examples:

- Use "Take 1 tablet by mouth daily" instead of just "Daily."
- Use "Take 1-2 tablets by mouth daily as needed for pain" instead of "1 PO QD. Take 1-2 tablets as needed for pain."
- Use "Take 1 capsule (40 mg) by mouth daily" instead of "Take 1 capsule (40 mg total) by mouth once daily Take 2 capsules (80mg total) by mouth once daily."

Clinical Relevance/Rationale:

- Since directions contain the information for patient use of a drug/therapy, it is critical that the information be accurate, complete, and unambiguous. The use of a Structured and Codified Sig standardizes the structure and syntax of the prescriber's directions to the dispensing pharmacist and patient, thereby reducing the opportunity for misinterpretation of the prescriber's intent.
- If the patient instructions are vague, ambiguous or in conflict with information elsewhere in the transaction, it will be necessary to contact the prescriber for clarification. This creates workflow disruptions for pharmacies and prescribers alike. Moreover, if such conflicts result in misinterpretation and incorrect directions on the prescription label, they can threaten patient safety.

Best Practices - For Technology Partners:

Ensure the SIG builder provides all needed elements in the composed SIG.

- Using compendia sourced information, when possible, prepopulate or provide the user with the "action", "dose unit", and "route" based on the drug selected.

- If the end user is unable to convey the complete and accurate instructions with the SIG builder, allow the prescriber to opt out of the standardized Sig and create a completely custom Sig.
- To improve efficiency, allow end users to save favorite, properly formatted Sig strings for future use.
- Construct the final patient directions using any discrete elements from a Sig-builder in the normal Sig pattern: action, dose, dose unit, route, frequency. Avoid delineators in the final directions.
- Always clearly display the final fully constructed Sig to the end user prior to transmission.

Best Practices - For Prescribers:

- Save the most commonly written Sigs, including tapered doses and other complex regimens.
- Ensure that the Sig is constructed with all essential elements in the appropriate order so the patient directions will be clearly understood.

SigText - Never Truncate or Split Directions

While the NCPDP limit is 1000 characters, some applications are developed to support fewer. In either instance, patient directions should not overflow into the Notes field. If patient directions are being transmitted in an unstructured way and they exceed character limits, then communicate by other means, such as by faxing the information to the pharmacy or printing out and providing the instructions to the patient.

Clinical Relevance/Rationale:

- The receipt of incomplete patient directions prevents the pharmacist from performing clinical checks. More importantly, the pharmacist will not be able to fully counsel the patient on how to take/use their medication. Or the pharmacist may provide information to the patient that conflicts with the prescriber's recommendation. This can lead to patient confusion and possible medication errors.

Best Practices - For Technology Partners:

- Warn end users when the character count nears or exceeds the defined character limits. Consider replacing directions that exceed character limits with "take as directed per physician written instructions" and develop workflow(s) to educate patients about the instructions and/or provide printed copies of the directions.
- Create default directions that are less than the character limits for commonly prescribed lengthy patient directions, such as tapered doses and titrations. For example, for a 60 mg prednisone taper using 10 mg tablets write, "Take 6 tabs orally daily for 2 days, 5 tabs daily for 2 days, 4 tabs daily for 2 days, continue to decrease by 1 tab every 2 days until gone."

SigText - Contains Only Patient Directions

Ensure the SigText field only contains information relating to the patient directions. Do not include information for which another designated field exists in the SCRIPT standard (e.g., ensure the patient directions never include the quantity, drug name, refills, NDC or RxCUI values, etc.).

Example:

- Use "Take 1 tablet by mouth once daily" instead of "Take 1 tablet by mouth once daily, #30 3 Refills."

Clinical Relevance/Rationale:

- Many clinical decision support tools leverage the e-prescription's discrete data fields and rely on specific types of information being entered in the correct designated fields intended to accommodate it. Thus, only patient directions are to be entered in

the SigText field to optimize the benefits from the decision support tools as well as improve the overall quality of the e-prescription.

SigText - Use Structured and Codified Sig

Send patient directions in a structured and codified manner following the SCRIPT standard.

Clinical Relevance/Rationale:

Adoption of Structured and Codified Sig minimizes ambiguity and assists in the standardization of Sigs in effort to avoid the possibility of inaccurate translation by the receiving partner. Standardization minimizes permutations, facilitates accuracy, promotes patient safety, and improves efficiency. Standardized, structured data reduces the potential for transcription errors and enables automated monitoring of quality metrics. When prescription directions are transmitted using a structured data format and standard terminologies, the meaning is preserved in a system-processable form. Because the clinical components such as route of administration and administration timing are represented as standardized terms, every receiving system will interpret the information in the same way. Moreover, each receiver can map the Sig components to its internal data structures to support clinical alerts, dispensing automation, or other processing.

Best Practices - For Technology Partners:

- When initiating implementation of Structured and Codified Sig, determine the 100 most common Sig concepts and make sure the system can fully accommodate the construction and transmission of these Sig strings. Develop system enhancements to accommodate the codification of less frequently used Sigs.
- Ensure the code systems remain up-to-date with newly published versions of SNOMED CT® and FMT code sets. It is recommended that the most recent version of the code system be used.

SigText - Send an Indication

Including an indication in patient directions is strongly recommended. The indication is a statement of the reason or therapeutic objective for the prescribed medication. Only use "PRN" (i.e., "as needed") in conjunction with an indication or intended therapeutic objective.

Note: The use of an indication does not replace the use of the Diagnosis segment, which remains separate and is to be completed whether an indication is added to the patient directions or not.

Examples:

- Use "Take 1 tablet by mouth every 4 hours as needed for mild to moderate pain."
- Use "Use according to instructions on dose pack for poison ivy rash."

Clinical Relevance/Rationale:

- The inclusion of indications is helpful to patients, pharmacists, and other prescribers. Including indications on prescriptions helps patients better understand and manage their medications. Pharmacists use indications when counseling patients and to help ensure the correct drugs have been prescribed. Prescribers may find indications helpful when they see patients who have been or are concurrently being treated by other prescribers.
- Using PRN without any added information assumes the patient or caretaker fully understands and remembers what the direction "as needed" signifies. This understanding may not exist or may be very short-lived. Without the full indication, PRN provides little to no additional information upon which the pharmacist can base patient counseling, thus it can lead to incorrect and possibly unsafe use by the patient.

Best Practices - For Technology Partners:

- If the Sig-builder tool is used, ensure that it requires end users to enter the specific indication or conditions for PRN use if the prescriber selects a PRN frequency.

Best Practices - For Prescribers:

- Enter the indication into the Sig whenever possible to help the patient and the pharmacist fully understand the intended use of the medication.

SigText - Take as Directed

Qualify the use of statements such as "Take as directed" and "Use as instructed" to clearly dictate where or from whom the patient can obtain the specific directions.

Examples:

- Use "Inject subcutaneously as directed per sliding scale provided by physician" instead of "Inject as directed."
- Use "Use as instructed per instructions on package" instead of "Use as instructed."

Clinical Relevance/Rationale:

- Using a Sig such as "Take as directed" without referencing the source of the instructions, may cause confusion for the patient regarding the medication dosage, route, or frequency. Vague instructions can lead to a patient-safety risk due to incorrect and unsafe medication usage.

Best Practices - For Technology Partners:

- If a Sig-builder tool is used, ensure that it requires end users to enter the specific source of the instruction after selecting the "Take/use as directed/instructed" option before they can finalize the transaction.

Best Practices - For Prescribers:

- Limit the use of these statements to specific scenarios when a set of instructions is clearly provided to the patient and/or caretaker.
- When entering "Take/use as directed/instructed," make sure the specific source of the directions/instructions is made clear in the e-prescription and to the patient.
- Ensure that only patient directions are written in the SigText field; enter any information for the pharmacist regarding medication dispensing or counseling into the Note field.

SigText - Specify Duration of Therapy for Acute Treatments

Only specify duration of therapy for medications with a defined length of therapy (e.g., antibiotics).

Examples:

- Appropriate: Use "amoxicillin 250 mg/5 ml suspension; take 5 mL by mouth 3 times a day for 10 days" (duration of therapy appropriately indicated for acute antibiotics treatment).
- Inappropriate: "Lipitor 40 mg tablet; take 1 tablet by mouth every night for 30 days" (duration of therapy inappropriately specified for a chronic medication regimen).

Best Practices - For Technology Partners:

- Ensure the system does not enter default durations of therapy for all medications in the patient directions.

Clinical Relevance/Rationale:

- Most prescriptions are written for chronic medications. A duration of therapy may be appropriate for acute medications, as the defined duration may enhance a patient's understanding of his or her therapy and increase adherence to the treatment plan. A duration of therapy listed for a chronic medication may be misinterpreted as a limit and may create a risk to patient safety if the patient believes they are intended to stop the medication at the end of the specified therapy duration.

SigText - Avoid Abbreviations, Acronyms, or Symbols

Avoid the use of abbreviations (including Latin), acronyms and symbols when communicating patient instructions. Spell most terms out completely in English. The Institute for Safe Medication Practices (ISMP) provides a complete list of Error-Prone Abbreviations, Symbols, and Dose Designations. The abbreviations, symbols and dose designations included in this list should never be used in any part of an e-prescribing transaction.

Examples:

- Use "Take one tablet by mouth twice daily" instead of "1 tablet po bid."
- Use "Instill one drop into both eyes once daily" instead of "1 gtt ou qday."

Clinical Relevance/Rationale:

- Latin abbreviations, as well as other abbreviations, are often misinterpreted. These misinterpretations can cause patients to take/use medications incorrectly, resulting in patient-safety risks.

8. Disclaimers

Guide Disclaimer

In the event that the Participant chooses to make any software changes based upon recommendations in this guide, the Participant acknowledges and agrees that Surescripts Network shall bear no responsibility or liability for the Participant's changes or any effects thereof. The Participant shall also be required to transition to the new guide at such time as said guide is published, which may involve different or additional parameters than are published in this guide.

Examples Disclaimer

Examples provided throughout this guide are not intended to be all-inclusive. This pertains to example workflows, element-specific (field) examples, or message examples. Participants should not restrict coding to the examples used herein.

When developing, this guide should be used along with additional documentation referenced and applicable customary coding standards.

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9. Document Change Log

▼ 2026-07-30

Section Title	Change Description
N/A	N/A - Developer Portal - initial release