Ministry of Health

# British Columbia
# Professional and Software Conformance Standards

## Electronic Health Information Exchange

## Volume 4C: Application Enforced Rules – PharmaNet

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# 1.0 Introduction

This document includes the application enforced rules that must be demonstrated by all point-of-service (POS) applications to integrate with PharmaNet.

Additional requirements are detailed in the associated conformance volumes such as:

- Volume 2: Information Privacy and Security
- Volume 4A: Application Enforced Rules - General

## Supporting Documentation

Please refer to the following resources (or contact the CIS Team) for additional supporting documentation:

- Conformance Standards: https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/software/conformance-standards
- Health Information and Interoperability Standards Catalogue: https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/health-information-standards/standards-catalogue

*Table 1 Supporting Documentation*

| Document | Description |
|---|---|
| BC Health Concerns and Diagnosis SNOMED CT Mapping Value Set | The constrained BC Health Concerns and Diagnosis SNOMED CT mapping to ICD-10-CA, ICD-9, and the CED-DxS terms. |
| BC Immunizing Agents and Vaccine Catalogue Value Set | The BC Immunizing Agents and Vaccine Catalogue Value Set is aligned to the National Vaccine Catalogue (NVC) dataset which aggregates data from Health Canada, the Public Health Agency of Canada, and Canada Health Infoway and provides a comprehensive list of immunizing agents and vaccine products available in BC and across Canada. |
| Medications Value Set | A constrained set of medication values mapped from the:<br>• Health Canada Drug Product Database (DPD),<br>• Canadian Clinical Drug Dataset (CCDD), and<br>• BC Provincial Product Drug Dataset (PDDF). |

| Document | Description |
|---|---|
| Minor Ailments and Contraception Service (MACS) | BC pharmacists can diagnose and prescribe for minor ailments and contraception.<br>The service is funded by BC PharmaCare in community pharmacies. |
| PharmaNet Implementation Guide | Guidance on the implementation of PharmaNet messages. |
| PharmaNet Terminology Worksheet | Details of the PharmaNet codesets. |
| Volume 4C – PharmaNet Technical Message Specification | Details of the structure and semantics of PharmaNet interactions. |

## Point-of-Service (POS) Access Types

*Table 2 Point-of-Service (POS) Access Types*

| Access Type | Description | Store Clinical PharmaNet Data[1] | Update PharmaNet |
|---|---|---|---|
| COMPAP | Community health practice access to PharmaNet.<br>COMPAP is being deprecated and replaced by EMR.<br>All existing COMPAP vendor applications must transition to EMR; and contact the Ministry to confirm the deployment schedule.<br>**Note(s):** New applications cannot use the COMPAP access type. | No | Yes |

[1] Clinical PharmaNet data is that which is returned by PharmaNet and includes prescription records, medication profiles, and DUE results.

| Access Type | Description | Store Clinical PharmaNet Data[1] | Update PharmaNet |
|---|---|---|---|
| EDAP | Emergency department access to PharmaNet.<br>EDAP is being deprecated and replaced by HA-BPMH.<br>All existing EDAP vendor applications must transition to HA-BPMH; and contact the Ministry to confirm the deployment schedule.<br>**Note(s):** New applications cannot use the EDAP access type. | No | Yes |
| EMR | Electronic medical record access to PharmaNet by a medical practice for the purpose of conducting an electronic best possible medical history (BPMH) and electronic prescribing. | Yes | Yes |
| HA-BPMH | Health authority access to PharmaNet for the purpose of conducting an electronic BPMH.<br>**Note(s):** The legacy "In-Patient" (i.e., hospital pharmacy) access type is being deprecated and replaced by HA-BPMH.<br>Any existing applications using the legacy In-Patient access type must transition to HA-BPMH. | Yes | Yes |
| HAP | Hospital access to PharmaNet.<br>HAP is being deprecated and replaced by HA-BPMH.<br>All existing HAP vendor applications must transition to HA-BPMH; and contact the Ministry to confirm the deployment schedule.<br>**Note(s):** New applications cannot use the HAP access type. | No | No |

| Access Type | Description | Store Clinical PharmaNet Data[1] | Update PharmaNet |
|---|---|---|---|
| HA-Viewer | Health authority access to PharmaNet for the purpose of viewing past medication profiles without storing PharmaNet data. | No | No |
| MDS | Medical device suppliers (including both distributors and providers) access to PharmaNet.<br>**Note(s):** The MDS access type can only be developed by Pharmacy vendors. | No | Yes |
| Pharmacy | A pharmacy (i.e., community or hospital out-patient) that dispenses prescription medication directly to the patient for use at home and processes the dispense through PharmaNet. | Yes | Yes |

## 2.0 PharmaNet Transaction Permissions

The following matrix indicates which PharmaNet transactions (by row) are permitted for each POS access type (by column).

The same approach is used throughout this document to indicate which rules apply for each POS access type.

*Table 3 PharmaNet Transaction Permissions Legend*

| Permissions | | Description |
|---|---|---|
| X | NOT PERMITTED | This transaction is not allowed for use by the PharmaNet access type. |
| M | MANDATORY | This transaction must be provided for use by the PharmaNet access type. |
| O | OPTIONAL | This transaction may be provided for use by the PharmaNet access type.<br>If the transaction is provided, all mandatory rules associated with the transaction must be met. |

## 2.1 Transaction Permissions by Access Type

*Table 4 PharmaNet Transaction Permissions by Access Type*

| Transaction | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|
| TAC/TDU Adjudicate Claims and Drug Utilization Evaluation (DUE) Update | X | X | X | M | M |
| TAC/TDU/TRP Combination | X | X | X | O | O |
| TAC/TDU/TRR Combination | X | X | X | O | O |
| TAC/TDU/TRS Combination | X | X | X | X | O |
| TCP Patient Protective Word Maintenance | X | X | X | X | M |
| TDR Drug Monograph Information | O | O | X | X | O |
| TDT Daily Totals Inquiry/Adjudication Reconciliation | X | X | X | M | M |
| TDU DUE Inquiry | O | O | X | X | O |
| TID Patient Identification | X | X | X | O | O |
| TIL Get Location Details | M | M | O | X | M |
| TIP Prescriber Identification | M | O | X | M | M |
| TMU Medication Update & Update Reversal | M | M | X | X | O |
| TPA Patient Address Update | X | X | X | O | O |
| TPH PHN Assignment | X | X | X | O | O |
| TPI Patient Medication Profile Information Update | M | M | X | O | M |
| TPM Profile Mailing Request | O | X | X | X | M |
| TPN Patient Name Search | X | X | X | O | O |
| TRP Patient Medication Profile Request | M | M | M | M | M |

| Transaction | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|
| TRR Patient Medication Profile Request (Most Recent 15) | M | O | X | O | O |
| TRS Patient Medication Profile Request (Filled Elsewhere) | X | X | X | X | O |
| TRX-X0/TRP Combination | O | O | O | O | O |
| TRX (X0/X5) Retrieve Patient Prescription | M | M | M | M | M |
| TRX (X1/X6) Record Prescription | M | M | X | M | M |
| TRX (X2/X7) Update Prescription Status | M | M | X | M | M |
| TRX (X3/X8) Adjust or Adapt Prescription | M | M | X | X | M |
| TRX (X4/X9) Retrieve Prescriber Prescription | M | O | X | X | O |

**Note(s):**

- Only existing Pharmacy applications in Production can continue to use the legacy Patient Identity transactions (i.e., TID, TPA, TPH, and TPN).
- Existing conformant POS applications will eventually be transitioned to the Provincial Client Registry.
- The TIP (Prescriber Identification) transaction is optional for applications that are integrated with the Provider & Location Registry (PLR).
- New POS applications must integrate with the Provincial Client Registry.
- Both the TDU (DUE) Update and Reversal can only be done within the combination TAC/TDU transaction.
- The TIL (Get Location Details) and TRX transactions are only available through PharmaNet v70 compliant (i.e., e-Prescribing) POS applications.
- If a software vendor includes the functionality for an optional transaction, then all mandatory rules associated with that transaction must be met for the applicable access type.

## 3.0 General – Application Enforced Rules

The following rules apply to POS applications accessing PharmaNet:

*Table 5 General – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx1.1 | **Provincial Client Registry**<br>The POS application must be integrated with the Provincial Client Registry.<br>**Note(s):**<br>1. If a POS application is integrated with the Provincial Client Registry, it is not permitted to use the legacy Patient Identity transactions (i.e., TID, TPA, TPH, and TPN) in PharmaNet.<br>2. New POS applications must integrate with the Provincial Client Registry.<br>3. Existing conformant POS applications will eventually be transitioned to the Provincial Client Registry. | M | M | M | O | O |
| PNetTx1.2 | **Mandatory Display of Response Message Status**<br>All response message status and transaction text must be displayed to the user and may be translated into plain language.<br>Warning/error messages must be displayed and comply with the mandatory display standards for each transaction.<br>These messages will be triggered by any of the following:<br>a. response status field not equalling '0' for each ZZZ segment returned;<br>b. transaction text field not equalling 'blanks' or '0 – Operation Successful' for each ZZZ segment returned; and<br>c. additional transaction text field in ZZZ1 sub-segment with a warning message (v70 only).<br>**Note(s):**<br>1. On every response, the response status field of the ZZZ segment will contain a value of either 0 or 1 and the | M | M | M | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| | transaction text field will contain a message related to the transaction.<br>2. If the response status is 0, the transaction text field will contain one of the following:<br>a. All blanks (i.e., successful);<br>b. '0 – Operation Successful'; or<br>c. A warning message (i.e., '66 – Warning – Last Name and First Name do not match supplied names').<br>3. If the response status field is 1, the transaction text field will contain an error message such as:<br>a. 108 – No matches found for selection criteria chosen;<br>b. 101 – PRESCRIBER not found; or<br>c. 121 – This is a Duplicate Prescription. | | | | | |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx1.3 | **Combination Transactions**<br>Submit only one ZCA segment to PharmaNet for the following combination transactions:<br>a. TAC/TDU (update 01, 04)<br>b. TAC/TDU (reversal 11)<br>c. TAC/TDU/TRP (update 01, 04)<br>d. TAC/TDU/TRR (update 01, 04)<br>e. TAC/TDU/TRS (update 01, 04)<br>f. TRX-X0/TRP<br>If combination transactions return mixed responses (e.g., TAC failed or rejected; TDU successful), the POS application must notify the user of the failed transaction.<br>**Note(s):**<br>1. It is possible for a medication update (TDU) to be accepted and the associated claim (TAC) to be rejected.<br>2. The TRX-X0/TRP is the only combination transaction that is available to EMR and HA-BPMH. | O | O | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx1.4 | **Trace Numbers**<br>The POS application must generate unique and sequential trace numbers in ascending order beginning at '000001'.<br>If the maximum six-digit value of '999999' is reached, the trace number value is permitted to 'roll over' to a new low starting value of '000001'.<br>**Note(s):**<br>1. The 6-character trace number field is used to uniquely identify the transaction.<br>2. Correct use of trace numbers is critical for the functioning of retransmissions/network reversals and maintaining data integrity.<br>3. The 20-character Control ID Trace Number is validated for format and the value sent in the input is returned in the output.<br>4. The Control ID Trace Number field may contain the same numeric value as the trace number. | M | M | M | M | M |
| PNetTx1.5 | **Mandatory Display of Codes**<br>All PharmaNet code values must be displayed in the full text associated with the code (i.e., Display Name).<br>Example: for Reported by Code<br>• Code = PH<br>• Display Name = Pharmacist<br>For data entry, the code table value must be provided in a list from which the user can choose.<br>**Note(s):**<br>1. Refer to the BC PharmaNet Terminology Worksheet for additional information regarding the PharmaNet code tables.<br>2. Display of the underlying code value is optional when a code table description is displayed. | M | M | M | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx1.6 | **Merged (Multiple) PHNs**<br>If the PHN returned (in the ZCC segment from the output) is different from the PHN which was submitted (in the ZCC segment from the input), the following requirements must be met:<br>a. display a message indicating that a consolidated PHN was returned;<br>b. prompt the user to:<br>i. validate the patient's demographic information (i.e., confirm that the PHN merge is correct) using the TID transaction or integration with the Provincial Client Registry;<br>ii. accept the new PHN; and<br>c. update the local patient record with the new demographic information (returned by the TID). | X | X | X | M | M |
| PNetTx1.7 | **No HL7 Encoding Characters**<br>The POS application must not send Health Level 7 (HL7) encoding characters to PharmaNet:<br>• & (ampersand)<br>• \ (backslash)<br>• ^ (caret)<br>• \| (pipe)<br>• ~ (tilde)<br>**Note(s):** An exception is in the MSH segment field called encoding characters. | M | M | M | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx1.8 | **Changes to Stored Dispenses and/or Medication Updates**<br>Changes to dispenses and/or medication updates stored by the POS application must be sent to and acknowledged by PharmaNet before the change is completed in the POS application (e.g., if a locally stored dispense is changed or altered, the POS application must wait for a successful response from PharmaNet prior to changing the local record).<br>If a successful response is not received, the user must be notified that the update cannot be completed. | M | M | X | M | M |
| PNetTx1.9 | **PHN Check**<br>The PHN Check Digit Number Validation Routine described in Appendix A must be implemented in the POS application.<br>**Note(s):** This only relates to TID, TPA, TPH, and TPN transactions when NOT integrated with Provincial Client Registry. | X | X | X | M | M |
| PNetTx1.10 | **Multiple Sites**<br>Organizations with multiple sites connecting to PharmaNet must ensure each site uses the assigned unique Location ID to distinguish messages from that site.<br>**Note(s):**<br>1. Please also refer to PNetTx10.1 Record of PharmaNet Access/Transmission (i) re: clinical site locations.<br>2. The Location ID has historically also been referred to as the Pharmacy ID and/or Pharmacy Equivalent Code (PEC). | M | M | M | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx1.11 | **User Identification and Public IP Address**<br>The POS application must submit the:<br>a. global PharmaNet ID (GPID) – which is allocated during the user's enrollment for PharmaNet access (or if the user does not have a GPID, a unique user identifier from the local system) for the individual at the keyboard;<br>b. a colon (:); and the<br>c. public IP address – used to access PharmaNet (e.g., the public IP address broadcast by your site's router).<br>This is transmitted in the MSH security field of every transaction submitted to PharmaNet.<br>For example:<br>• GLOBALPHARMANETID000000:111.222.333.001<br>• MYUNIQUEUSERID00:111.222.333.001<br>**Note(s):**<br>1. Padding is not required.<br>2. The unique user identifier must be an individual ID (i.e., not 'positional') and cannot be used for more than one individual.<br>3. Max length for:<br>a. User ID = 23 bytes (if over 23 characters this value must be truncated)<br>b. IP address = 16 bytes<br>4. The GPID is a fixed 20-character string consisting of any of the following characters:<br>a. Letters: ABCDEFGHIJKLMNOPQRSTUVWXYZ<br>b. Numbers: 0123456789<br>c. Special characters: .,?!@#$%* | M | M | M | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx1.12 | **Most Responsible Provider**<br>The Practitioner ID (i.e., typically the 5-digit college licence number) and Practitioner ID Reference (i.e., associated college) of the authorised/registered user submitting a transaction must be included with every message submitted to PharmaNet.<br>For "on behalf of" (OBO) users or representatives, the applicable college registration number of the most responsible provider (MRP) must be included with every message submitted to PharmaNet.<br>**Note(s):** Refer to the BC PharmaNet Terminology Worksheet for additional information (e.g., Practitioner ID References). | M | M | M | M | M |
| PNetTx1.13 | **Valid Date**<br>The POS application must prompt and ensure the user enters a valid date (e.g., the date of birth submitted must not be greater than the current date).<br>**Note(s):** This would apply to the TRX-X0, TRX-X1, TRX-X2, TRX-X3, TAC/TDU, TCP, TDT, TID, TPA, TPH, TPI, TPM, TPN, and TRP/TRR/TRS (e.g., ZCC segment: Patient Date of Birth). | M | M | M | M | M |
| PNetTx1.14 | **Default Intervention Code**<br>A default intervention code must not be used unless specifically directed or approved by the Ministry. | M | M | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx1.15 | **Prescriber Name Matching**<br>The prescriber name on the ZCD and ZPX segments must match with PharmaNet's prescriber name.<br>To accomplish this, the 10-byte Prescriber ID in the ZCD segment must contain the 5-byte prescriber license number followed by the first 5 bytes of the prescriber's last name.<br>The Prescriber ID must be the prescriber's license number, not the MSP number.<br>**Note(s):**<br>1. If the match is not successful PharmaNet responds with error message '70 No match to Prescriber ID and Name found'.<br>2. The prescriber name edit applies to all TAC/TDU transactions sent to PharmaNet. | M | M | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx1.16 | **User Resubmit Options**<br>If the message fails, the POS application must:<br>a. notify the user that the PharmaNet request failed;<br>b. prompt the user to correct any incorrect data;<br>c. provide the ability to resubmit the transaction to PharmaNet; and<br>d. insert a Response Status field of 'R' (i.e., retransmission) in each ZZZ segment.<br>Re-submissions for combination transactions must be submitted as follows:<br>e. If the transaction is rejected (i.e., ZCE CPhA code is 'R'), then a reversal must be submitted using data from the TAC/TDU (01/04) transaction.<br>f. The resubmission must use the same trace number.<br>Note: This ensures that a successful ZZZ TAC and TDU Reversal Response Status of '0' is received with successful ZCE CPhA Response Status of 'V'.<br>**Note(s):** This may be achieved at the business interaction level (e.g., if a patient search fails, then the user has the option of repeating the request without knowledge of the specific transactions that are involved). | M | M | M | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx1.17 | **Dispense Quantity with a Decimal Point**<br>The POS application must:<br>a. be able to transmit a dispense quantity with a decimal point to PharmaNet;<br>b. round-up the dispense quantity if there's more than one decimal (e.g., from '1.71' to '1.8') before submitting to PharmaNet;<br>c. display the decimal quantity dispensed; and<br>d. store the actual quantity dispensed as at least a two-decimal quantity.<br>**Note(s):** PharmaNet accepts only one decimal point for quantity dispensed. | M | M | X | M | M |
| PNetTx1.18 | **Accepted Values for Prac ID and Prac ID Ref**<br>All segments (e.g., ZCD, ZPB, ZPX, ZZZ) that include the Practitioner ID and/or Practitioner ID Reference fields must be able to accept the following values:<br>a. Prac ID = 10 A/N<br>b. Prac ID Ref = 2 A/N<br>**Note(s):**<br>1. This is intended to confirm that POS applications can accept alpha numeric license numbers (i.e., Prac ID).<br>2. For additional information about PharmaNet segments and data fields please refer to the PharmaNet Implementation Guide. | M | M | M | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx1.19 | **Fully Expand SIG Codes to Text**<br>The POS application must:<br>a. identify SIG codes in any free text fields (e.g., Directions, Rationale, Instructions to Patient, Follow-up Plan); and<br>b. fully expand any SIG codes to text before transmitting to PharmaNet.<br>**Note(s):** This applies to both prescriptions and dispenses. | M | M | X | M | M |
| PNetTx1.20 | **Decimal Display for Data Type D1 Fields**<br>All D1 fields with decimals must:<br>a. display leading zeros (e.g., 0.25 not .25); and<br>b. not display trailing zeros (e.g., 2 not 2.0). | M | M | M | M | M |
| PNetTx1.21 | **List of Available Drugs**<br>The POS application must provide the functionality to select from a list of drugs available for prescribing and dispensing.<br>**Note(s):** The Ministry highly recommends using the BC Provincial Medication Value Set; and enabling actively filtered search and/or partial match functionality. | M | M | X | X | M |
| PNetTx1.22 | **Filtering Drug List Based on Characters Entered**<br>A list of drugs must be:<br>• available to users; and<br>• filtered based on characters entered. | M | M | X | X | M |
| PNetTx1.23 | **Invalid Characters (TID, TPA, TPH, and TPN)**<br>If using legacy transactions, the message must not contain any of the invalid characters noted in Appendix B: List of Invalid Characters for Legacy Transactions (TID, TPA, TPH, and TPN).<br>**Note(s):** These legacy transactions will be deprecated for Pharmacy POS applications that have integrated with the Provincial Client Registry. | X | X | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx1.24 | **Default Values for TRX Transactions**<br>The following fields must not be defaulted to a value by the POS application at a system level:<br>a. Total Quantity<br>b. Total Days Supply<br>c. Maximum Dispense Quantity<br>d. Dispense Interval<br>e. Do Not Adapt Indicator<br>f. Do Not Substitute Indicators<br>A user may define default values (e.g., commonly prescribed medications) and/or the software may auto-populate fields based on user order entry.<br>Any default values must be specifically approved by the Ministry.<br>**Note(s):** See PNetTx40.5 Mandatory Fields for Adjusting Prescriptions. | M | M | X | M | M |
| PNetTx1.25 | **Clinical Service Codes**<br>The application must provide the user with the ability to:<br>a. view the full list of Clinical Service codes that are associated with the selected MMI code; and<br>b. select one or more as appropriate.<br>**Note(s):** Refer to the BC PharmaNet Terminology Worksheet for additional information (e.g., mapping between MMI and Clinical Service codes). | M | M | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx1.26 | **Drug Monographs**<br>The application must provide the ability to generate drug monographs either through:<br>a. local system functionality using an accredited knowledge-based information source; or<br>b. PharmaNet (i.e., TDR transaction).<br>**Note(s):** If a local drug information system is implemented, the two DIN search does not apply. | M | M | X | X | M |

## 3.1 Patient Protective Words

*Table 6 Patient Protective Words – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx2.1 | **Patient Protective Word Prompt**<br>The user must:<br>a. be prompted to enter the patient protective word (either manually or by inserting a stored protective word), when one is required, to access the patient's profile for every new clinical encounter; and<br>b. not be required to verify the protective word in subsequent transactions during the same clinical encounter (i.e., the protective word can be applied in the message without on-going interaction with the user).<br>**Note(s):** The clinical encounter refers to an interaction between a patient and/or healthcare provider(s) for the purpose of providing healthcare service(s) or assessing the health status of a patient. | M | M | M | M | M |
| PNetTx2.2 | **Patient Protective Word Entry**<br>The POS application must:<br>a. support patient protective word entry;<br>b. include the protective word in the PharmaNet message; and<br>c. not display the protective word in clear text.<br>**Note(s):**<br>1. If the current patient protective word sent does not match the protective word in PharmaNet or if a protective word is specified where one does not exist, the following message will be returned '17 Field Keyword contains invalid value'.<br>2. The TCP, TDU, TID, TMU, TPA, TPI, TPM, TRP, TRR, TRS, and TRX (X0, X1, X2, and X3) transactions may require the patient protective word. | M | M | M | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx2.3 | **Patient Protective Word Storage**<br>If storing the protective word, the POS application must:<br>a. require the user to acknowledge patient consent to store the protective word for future use in the POS; and<br>b. encrypt the protective word while stored.<br>**Note(s):** Future use allows more than one individual at a clinical site to use the stored protective word. | M | M | M | X | M |
| PNetTx2.4 | **Stored Protective Word Use**<br>If the stored patient's protective word is used, the POS application must:<br>a. automatically populate the protective word in the protective word field;<br>b. not display the protective word in clear text; and<br>c. prompt the user to explicitly verify use of the stored protective word (e.g., click the field) in the first transaction during the clinical encounter. | M | M | M | X | M |
| PNetTx2.5 | **Delete or Update a Stored Protective Word**<br>If a patient's protective word is stored, a user must have the ability to delete or update the protective word in the POS application. | M | M | M | X | M |
| PNetTx2.6 | **Protective Word Case**<br>If alpha characters are used in the protective word, they must be in UPPER CASE when the protective word is transmitted. | M | M | M | M | M |

## 3.2 PharmaNet Participant Messaging (Fan-Out)

PharmaNet Participant Messaging (commonly referred to as "fan-out") is used to broadcast urgent PharmaNet messages from the Ministry of Health (including clinical messages) related to:

- stolen prescription pads;
- other important announcements; and
- impending network down situations.

PharmaNet will not transmit unsolicited messages to the client system.

The PharmaNet Participant Messaging facility relies on a request to deliver a response for the TCP, TDR, TDU, TID, TIL, TIP, TMU, TPI, TPM, and TRX transactions.

*Table 7 PharmaNet Participant Messaging – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx3.1 | **Message Delivery**<br>Fan-out messages must be provided electronically from within the POS application to each registered PharmaNet user currently logged on or upon login.<br>For example, delivery methods must not rely on sending an email or facsimile, or printing and posting the PharmaNet Participant Message. | M | M | X | M | M |
| PNetTx3.2 | **Explicit Acknowledgement of Message**<br>The PharmaNet Participant message must only be cleared from the user's screen after an explicit acknowledgement by the recipient.<br>Processing of the current transaction or batch may be completed before displaying the message.<br>However, processing must be interrupted, and the message displayed before the next transaction begins (except a batch). | M | M | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx3.3 | **Message Print and Storage**<br>The POS application must provide the ability to print or store fan-out message with the date of receipt for future reference. | M | M | X | M | M |

## 3.3 Truncating

*Table 8 Truncating – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx4.1 | **Accept Maximum Characters**<br>Every enterable field captured for transmission to PharmaNet must allow entry of the maximum number of characters as accepted by PharmaNet.<br>If the user enters more than the maximum characters PharmaNet can accept, the user must be warned that any further information entered will not be sent to PharmaNet which may affect data interpretation by other users.<br>The user must be given the option to review and edit the information before transmission to PharmaNet. | M | M | M | M | M |
| PNetTx4.2 | **Display Full Field Lengths**<br>The POS application must be capable of displaying all fields in full field length as indicated in the message specification.<br>There must be no truncating, other than trailing blanks.<br>**Note(s):** Display of full field length is required to reduce the probability of misinterpretation. | M | M | M | M | M |

<table>
<tr><th>#</th><th>Rule</th><th>EMR</th><th>HA-BPMH</th><th>HA-Viewer</th><th>MDS</th><th>Pharmacy</th></tr>
<tr><td>PNetTx4.3</td><td>Generic Name/Manufacturer (TDR, TDU, TMU, and TRP/TRR/TRS, TRX-X1, and TRX-X3)<br><br>The contents of the Generic Name/Manufacturer field must be parsed to address truncated manufacturer names and provide a correct display with the following separate fields:<br><br>
<table>
<tr><th colspan="2">Generic Name/Manufacturer</th></tr>
<tr><th>Component</th><th>Length</th></tr>
<tr><td>Generic Name</td><td>30</td></tr>
<tr><td>Manufacturer Description Short</td><td>15</td></tr>
<tr><td>Drug Strength Description*</td><td>10</td></tr>
<tr><td>Dosage Form Description*</td><td>10</td></tr>
<tr><td>Filler (not displayed)</td><td>3</td></tr>
</table>
*Display of the “Drug Strength” and “Dosage Form” segment of the Generic Name/ Manufacture field may be suppressed for print and display in the default view of a Hospital Clinical Information System (HCIS) when returned in ZPB2 (Adverse Reaction Information) segment.<br><br>Full content must be made available to the user when required (e.g., hover over).<br><br>Note(s): This rule only applies to the TRX-X1 and TRX-X3 if the DUE indicator has been set to ‘Y’.<br><br>If applicable, the Ministry will assess if the local drug database is sufficient.</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td></tr>
</table>

## 3.4 PharmaNet Network Down

### 3.4.1 Retransmit Transaction

This section describes the process that must be followed if a response is not received for a message submitted to PharmaNet or, if necessary, to receive a second response from PharmaNet.

If a TAC/TDU is retransmitted and the PharmaCare claim has already been processed (i.e., an exact match is found in the Medication History table), the retransmitted claim will not be added to the Medication History table or the Claims History table a second time.

DUE processing will be redone and the original PharmaCare claim results will be returned.

If an exact match is not found, the transaction will be processed as a new dispense.

**Retransmit vs. Resubmit**

- Retransmit = Everything from the original submission is submitted again (e.g., Trace Number) with the only difference being:
    - Response Status field (from ZZZ segment) = 'R' (i.e., re-transmission).
- Resubmit = A new submission that is the same as the original (i.e., duplicate) except for fields that must be unique for each separate transaction (e.g., Local Prescription Number, Trace Number).

*Table 9 Retransmit Transaction – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx5.1 | **Retransmission of Transactions**<br>The POS application must provide the ability to submit a retransmission for the following transactions:<br>• TAC/TDU combination<br>• TAC/TDU/TRP combination<br>• TAC/TDU/TRR combination<br>• TAC/TDU/TRS combination<br>• TMU (Medication Update & Reversal) | M | M | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| | • TPI (Patient Medication Profile Information Update)<br>• TRX-X1 (Record Prescription)<br>• TRX-X2 (Update Prescription Status)<br>• TRX-X3 (Adjust or Adapt Prescription)<br>If a response is not received from PharmaNet, the transaction must be retransmitted as follows:<br>a. (For TAC/TDU, TPI or TMU) Re-transmission information must be identical to the original transaction and include the following fields:<br>i. Location ID,<br>ii. Local Prescription Identifier,<br>iii. PHN,<br>iv. Trace Number,<br>v. DIN/PIN (if submitted), and<br>vi. RX Date of the incoming transaction.<br>b. (For TRX-X1, X2 or X3) Re-transmission information must be identical to the original transaction and include the following fields:<br>i. Location ID,<br>ii. PharmaNet Prescription Identifier,<br>iii. PHN, and<br>iv. Trace Number.<br>c. Response Status field of each ZZZ segment must be 'R' (i.e., re-transmission).<br>d. Re-transmission is repeated at least once.<br>**Note(s):**<br>1. If no match is found, the incoming transaction is processed as a new transaction.<br>2. This procedure will prevent 'orphan' records. | | | | | |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx5.2 | **Retransmit Options**<br>If the situation is not handled through the retransmission programmatically by the POS application given the scenarios provided for retransmission, then the user must be prompted about the issue for correction and retransmit the transaction.<br>Scenarios for TAC/TDU:<br>a. 01/04 (update) with ZZZ response status code '0';<br>b. 11 (reversal) with ZZZ response status code '0'; and<br>c. 11 (reversal) with ZZZ response status code '1'. | X | X | X | M | M |
| PNetTx5.3 | **Prompt User While Network Down**<br>If PharmaNet is unavailable, and at least one retransmission has been unsuccessful, the POS application must prompt the user to either:<br>a. Defer submission (i.e., batch or manual) to PharmaNet until the system is available (i.e., electronic prescription authorization); or<br>b. Provide printed, faxed, or verbal prescription authorization. | M | M | X | X | X |
| PNetTx5.4 | **Process Prescription While Network Down with Submission to PharmaNet (for Prescriber)**<br>If PharmaNet is unavailable, and the user decides to create a local prescription record without printed, faxed, or verbal prescription authorization, the POS application must ensure that the prescription is successfully submitted to PharmaNet once available. | M | M | X | X | X |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx5.5 | **Process Prescription While Network Down without Submission to PharmaNet (for Prescribers)**<br>If PharmaNet is unavailable, and the user decides to either provide printed, faxed, or verbal prescription authorization, the POS application must:<br>a. create a local prescription record;<br>b. add a note to the printed or faxed prescription which clearly states: "THIS IS THE OFFICIAL PRESCRIPTION AUTHORIZATION.";<br>c. NOT submit the prescription to PharmaNet (i.e., TRX-X1); and<br>d. flag the local prescription for reconciliation (e.g., PharmaNet Prescription ID) once PharmaNet is available (i.e., manual TRX-X0 or automated TRX-X4).<br>**Note(s):** The pharmacy will submit the TRX-X1 (Record Prescription) transaction on behalf of the prescriber after receiving the paper, fax, or verbal prescription authorization. | M | M | X | X | X |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx5.6 | **Process Dispense While Network Down**<br>If PharmaNet is unavailable (i.e., cannot search for an existing PHN or assign a new PHN), the POS application must allow the user to dispense by:<br>a. Creating or opening an existing local prescription record (e.g., paper, fax, verbal prescription authorization; existing refill; or emergency supply by pharmacist);<br>b. Creating a local dispense record;<br>c. Applying judgment regarding payment (e.g., cash customer or if the provider knows the patient is Plan C, charge accordingly and send the transaction as pay provider);<br>d. Dispensing the prescription as an offline claim;<br>e. Submitting the prescription (if applicable) and dispense transactions to PharmaNet once available (i.e., TRX-X1 and TAC/TDU manual or batch submission).<br>**Note(s):** The user will be able to submit a Retrieve Patient Prescription (TRX-X0), once PharmaNet is available, to retrieve the PharmaNet Prescription ID and update the local prescription record. | M | M | X | M | M |

### 3.4.2 Recovery After Network Down

The process to be used for data recovery after a network down situation is a batch process from the perspective of the local software only.

PharmaNet will not distinguish prescriptions and PharmaCare claims submitted in this manner from those normally processed in an interactive fashion at the pharmacy.

*Table 10 Recovery After Network Down – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx6.1 | **Retransmit After Reconnection**<br>All prescriptions and dispenses occurring during a network outage must be retransmitted to PharmaNet as soon as the reconnection takes place.<br>**Note(s):** Details related to the retransmission of transactions can be found in the PharmaNet Implementation Guide (see 'Retransmission of TAC/TDU Combination Transactions'). | M | M | X | M | M |
| PNetTx6.2 | **DUE Messages During Network Outage**<br>After a network outage, if dispenses are handled without user intervention, all DUE messages returned by PharmaNet must be retained for review.<br>Once reviewed, the DUE messages may be removed from the POS application. | M | M | X | M | M |
| PNetTx6.3 | **Offline Processing (TAC/TDU, TMU)**<br>The POS must be able to process offline when PharmaNet is unavailable. | M | M | X | M | M |

## 3.5 Local System Data Changes

These rules are specific to the handling of local system/POS application data and NOT PharmaNet data.

*Table 11 Local System Data Changes – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx7.1 | **Edits to Patient Information Fields**<br>All patient information fields (e.g., PHN, name, address, phone number, date of birth, comments, allergies, clinical conditions) must permit changes.<br>Any change to these fields must be reflected in the patient's medical history. | M | M | X | M | M |
| PNetTx7.2 | **Changes to Local System Data**<br>Changes made to any local system data (e.g., practitioner, DIN, drug, SIG codes, electronic prescription and/or pharmacy record images) must record the:<br>• identification of the user; and<br>• date of the change. | M | M | X | M | M |
| PNetTx7.3 | **Alterations/Deletions of Local System Data**<br>Any alterations or deletions to local system data/master files (e.g., practitioner, DIN, drug, SIG codes, prescription and/or pharmacy record images) must NOT alter any previous patient medical history in the POS application. | M | M | X | M | M |

## 3.6 Data Retention

*Table 12 Data Retention – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx8.1 | **Storage of PharmaNet Data**<br>The POS application must only store the following PharmaNet data for clinical use by an authorized user as incorporated in the local clinical record:<br>a. medical history (e.g., prescriptions, dispenses) for the purpose of medication management and reconciliation;<br>b. drug use evaluation (DUE) results – see Section 4.9.1 Drug Utilization Evaluation (DUE); and<br>c. claims information – see Section 4.7 TAC/TDU – Adjudicate Dispense Claim.<br>PharmaNet data must not be stored for any other use or disclosure.<br>**Note(s):** Refer to Volume 2: Information Privacy & Security (see Transaction Log Retention). | M | M | X | X | M |
| PNetTx8.2 | **Storing the Local Dispense Record**<br>For each dispense performed, the local dispense record must be stored in the POS application including:<br>a. any fields submitted to, and<br>b. the following fields returned by PharmaNet:<br>i. Any fields that are different from the input; and<br>ii. Reference Number.<br>**Note(s):**<br>1. Local systems must comply with legal requirements for recording and retaining all information required by applicable bylaws, legislation (e.g., provincial, and federal), and Ministry policy.<br>2. Refer to the Volume 4C: Technical Supplement – PharmaNet Message Specifications for details of the input fields. | M | M | X | M | M |

### 3.6.1 Digital Records for Paper/Fax Prescriptions and/or PharmaCare Record Types

*Table 13 Digital Records for Paper/Fax Prescriptions and/or PharmaCare Record Types – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx9.1 | **Digital Records for Paper/Fax Prescriptions and/or PharmaCare Record Types**<br>If storing digital records for paper/fax prescriptions and/or PharmaCare record types in the POS application:<br>a. each Local Original Prescription Number (i.e., Local Prescription ID in the ZPX) must have a link to the associated digital record (e.g., PDF or scanned image) of the paper/fax prescription;<br>b. each PharmaCare record type must have a link to the associated digital record (e.g., PDF or scanned image) of the paper/fax PharmaCare record type;<br>c. electronic images must be created with matching colour composition of the original record; and<br>d. each of the following must be recorded (for the digital record):<br>i. PHN;<br>ii. Date/Time of Image Creation;<br>iii. Subsequent Annotations Images (i.e., any new associated images); and<br>iv. Any associated signatures (e.g., patient, prescriber, provider) must be included in the digital record/image.<br>**Note(s):**<br>1. This does not apply to the process of filling an electronic prescription (i.e., retrieved using the TRX-X0 Retrieve Patient Prescription).<br>2. This is in addition to the data elements and retention attributes described in PNetTx8.2 Storing the Local Dispense Record. | X | X | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| | 3. Refer to the Pharmacare Policy Manual for additional details regarding forms required for electronic recordkeeping which may include the following record types:<br>a. Best Possible Medication History (BPMH) Form (i.e., Medication Review)<br>b. BPMH Worksheet<br>c. Drug Therapy Problem (DTP) Form<br>d. Compound Costing Worksheet (for Special Authority)<br>e. Frequent Dispensing Authorization Form<br>f. Original Prescription<br>g. Prescription Adaptation Documentation and Notification Form<br>h. Smoking Cessation Declaration and Notification Form<br>i. Travel Declaration Form | | | | | |
| PNetTx9.2 | **Searching Digital Records**<br>The POS application must allow users to search for digital records of paper/fax prescriptions and/or PharmaCare record types.<br>At minimum, the user must have the ability to search by the following parameters:<br>a. PHN, and/or<br>b. Local Original Prescription Number (i.e., Local Prescription ID in the ZPX).<br>The following search parameters are optional:<br>c. PharmaCare record types; and/or<br>d. Prescriber ID.<br>**Note(s):** Querying functionality can be provided either through manual user interaction or by request to the vendor. | X | X | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx9.3 | **Sorting and/or Filtering Digital Records**<br>The POS application must allow users to sort and/or filter digital records of paper/fax prescriptions and/or PharmaCare record types using one or more of the following criteria:<br>a. PHN,<br>b. Local Original Prescription Number (i.e., Local Prescription ID in the ZPX),<br>c. PharmaCare record type,<br>d. Date/time of image creation, and/or<br>e. Prescriber ID.<br>If applied, the sort or filter must be displayed. | X | X | X | O | O |
| PNetTx9.4 | **Exporting Digital Records**<br>The POS application must be able to export and securely transfer (through secure file transfer processes) individual and/or sets of digital records (including results that have been sorted or filtered) for the purposes of PharmaCare audit.<br>The images must be exportable (e.g., PDF), have a unique file name, and include the following information in the file naming format separated by dashes (-):<br>a. PHN; and<br>b. Date/time of image creation.<br>For example:<br>• 0123456789-yyyymmddhhmm.pdf | X | X | X | M | M |

## 3.7 Detection of Browsing

*Table 14 Detection of Browsing – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx10.1 | **Record of PharmaNet Access/Transmission**<br>The POS application must maintain a PharmaNet Audit Log of all PharmaNet accesses or transmissions which is protected from unauthorized access and/or modification.<br>This log must include:<br>a. Location ID;<br>b. Security field from MSH segment;<br>c. college registration number and College ID Reference of the provider requesting the access;<br>d. date and time;<br>e. PHN;<br>f. patient demographic information including name, date of birth and gender;<br>g. transaction ID from ZZZ segment(s) (e.g., TRP, TIL, TRX-X0);<br>h. identify the source of the information (PharmaNet or POS);<br>i. clinical site location (e.g., central pharmacy, telepharmacy); and<br>j. trace number.<br>**Note(s):** Refer to Volume 2: Information Privacy & Security (PS3.3 Audit Log Retention). | M | M | M | M | M |
| PNetTx10.2 | **PharmaNet Audit Log Report**<br>The POS application must be capable of producing the PharmaNet Audit Log Report.<br>The PharmaNet Audit Log Report must list all access to PharmaNet data.<br>Only authorized users are permitted to view the report. | M | M | M | M | M |

## 3.8 Print Standards

*Table 15 Print Standards – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx11.1 | **Printed Prescription Labels**<br>The prescription label for all medications provided directly to patients (e.g., community pharmacy, out-patient hospital pharmacy, or telepharmacy) must be in English and include the following:<br>a. Name of the person for whom the drug is dispensed (minimum of full first name and last name);<br>b. Name of the prescriber (minimum of first initial and full last name);<br>c. Name, address, and phone number of the pharmacy/site;*<br>d. Local Dispense Number (i.e., current Rx number);<br>e. Current dispensing date;<br>f. For single entity products, the generic name of the drug followed by the brand name or the manufacturer name or the DIN;<br>g. For multiple entity products, the brand name or all ingredients listed followed by the manufacturer name or the DIN;<br>h. For compounded preparations, all ingredients;**<br>i. Quantity and strength of drug; and<br>j. Directions for use (may be the patient's language of choice).<br>If the package size is too small (i.e., full label is put on larger container and patient is instructed to always keep the medication in larger container), the small label must include:<br>k. Current prescription number;<br>l. Current dispensing date;<br>m. Full name of the person for who the drug is dispensed; and<br>n. Name of the drug. | M | M | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| | The following practitioner personal information is not permitted on the prescription label:<br>o. practitioner's home address; and<br>p. practitioner's home phone.<br>Prescriptions and labels relating to prescriptions dispensed at a telepharmacy must:<br>q. identify the prescription as having been dispensed at that telepharmacy;<br>r. adhere to all above requirements (section a to p); and<br>s. distinguish between dispenses from a pharmacy acting as either a community pharmacy or a telepharmacy.<br>**Note(s):**<br>1. *Pharmacy Name/Site (e.g., "Pharmacy Store Downtown") is for the purpose of informing the public and can be the name associated with a particular pharmacy.<br>2. **If all ingredients cannot fit on a single label, a supplement label must be used. | | | | | |
| PNetTx11.2 | **Printing and/or Issuing Receipts**<br>The POS application must enable issuing receipts as follows:<br>a. A receipt must be issued for all claims (other than Plan B) that have a value greater than $0 and display the following:<br>i. DIN or PIN;<br>ii. Drug Cost (if additional charges to the dispense, i.e., an upcharge or compounding fee are transmitted and not identified individually on the receipt, then this label must contain the cost of all values associated with the total cost of the drug including values submitted in the upcharge and/or compounding fee fields);<br>iii. Dispensing Fee; | X | X | X | M | M |

<table>
<tr><th>#</th><th>Rule</th><th>EMR</th><th>HA-BPMH</th><th>HA-Viewer</th><th>MDS</th><th>Pharmacy</th></tr>
<tr><td></td><td>
iv. Brand Name and Strength or Generic Name and Manufacturer and Strength;<br>
v. PharmaCare Pays;<br>
vi. Third-party payer 1;<br>
vii. Third-party payer 2;<br>
viii. Third-party payer 3;<br>
ix. Patient Pays;<br>
x. Patient Last Name;<br>
xi. Patient First Name or Initial;<br>
xii. Patient Middle Initial (optional);<br>
xiii. PHN;<br>
xiv. Location ID;<br>
xv. Practitioner Last Name;<br>
xvi. Practitioner First Name or Initial;<br>
xvii. Dispense Date;<br>
xviii. Current Dispense number;<br>
xix. Quantity;<br>
xx. Store Name;<br>
xxi. Total Claim;<br>
xxii. Days Supply; and<br>
xxiii. The value of the flags “S/A”, “RBP”, “LCA”, and “BEN”, as found in “Message Line 1” and “Message Line 2” in the ZCE segment, converted to a code as follows:
<table>
<tr><th>S/A</th><th>RBP</th><th>LCA</th><th>BEN</th><th>Printed Value on the Receipt</th></tr>
<tr><td>N</td><td>N</td><td>N</td><td>N</td><td>BCSA0000</td></tr>
<tr><td>N</td><td>N</td><td>N</td><td>Y</td><td>BCSA0001</td></tr>
<tr><td>N</td><td>N</td><td>N</td><td>N/A</td><td>BCSA0002</td></tr>
<tr><td>N</td><td>N</td><td>Y</td><td>Y</td><td>BCSA0011</td></tr>
</table>
</td><td></td><td></td><td></td><td></td><td></td></tr>
</table>

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| | <table><tr><td>N</td><td>Y</td><td>N</td><td>Y</td><td>BCSA0101</td></tr><tr><td>Y</td><td>N</td><td>N</td><td>N</td><td>BCSA1000</td></tr><tr><td>Y</td><td>N</td><td>N</td><td>Y</td><td>BCSA1001</td></tr><tr><td>Y</td><td>N</td><td>Y</td><td>N</td><td>BCSA1010</td></tr><tr><td>Y</td><td>N</td><td>Y</td><td>Y</td><td>BCSA1011</td></tr><tr><td>Y</td><td>Y</td><td>N</td><td>N</td><td>BCSA1100</td></tr></table><br>b. To provide a receipt in a format other than printed (e.g., email or SMS message) there must be a local record of the patient's consent.<br>c. The POS application must enable a $0 copay receipt to be issued (e.g., printed, emailed, or messaged) if requested by the patient.<br>d. OFFLINE must appear in the applicable adjudication fields when online adjudication is not available.<br>e. Information printed on receipts must be clearly legible with a font size greater than or equal to 6 points.<br>f. The following practitioner personal information is not permitted on the receipt:<br>i. practitioner's home address, and<br>ii. practitioner's home phone.<br>**Note(s):** Some third-party adjudicators require the days supply value to properly adjudicate a claim on behalf of a client; however, this is not a mandatory field. | | | | | |
| PNetTx11.3 | **Drug Upcharge for Printed and/or Issued Receipts**<br>The drug cost field on the receipt must include the sum of the following fields (unless they are displayed individually):<br>a. values transmitted in the drug cost field;<br>b. upcharge field; and<br>c. compounding fee field of the transaction. | X | X | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx11.4 | **Printed MAR for Residential Care Facilities**<br>The printed resident's medication administration record (MAR) must include the:<br>a. resident's full name;<br>b. resident's location within the facility or home;<br>c. name of the practitioner;<br>d. allergies;<br>e. diagnoses;<br>f. month for which the record is to be used;<br>g. name and strength of all medications currently being administered including those to be administered on a 'when necessary' basis; and<br>h. full directions for use. | X | X | X | X | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx11.5 | **Printed MAR for Clinics and Hospitals**<br>The printed patient's medication administration record (MAR) must include the:<br>a. patient's full name;<br>b. patient's identification number (e.g., PHN or MRN);<br>c. patient's location (e.g., within the hospital or location of where the drug is administered);<br>d. allergies, adverse drug reactions, and intolerances;<br>e. date or period for which the drug administration record is to be used;<br>f. name, dosage, and form of all drugs currently ordered;<br>g. complete directions for use for all drugs;<br>h. stop or expiry dates for drug orders for which there is an automatic stop policy (if not reported by another means);<br>i. predetermined, standard medication administration times for regularly scheduled drugs; and<br>j. changes to drug orders. | O | O | X | X | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx11.6 | **Printing Local Prescription Authorizations (for Patients)**<br>The POS application must support printing the local prescription authorization (e.g., PharmaNet network down, out-of-province prescription).<br>The printed copy must include each of the following:<br>a. Date of Prescription;<br>b. PHN;<br>c. Patient Name;<br>d. Patient Address;<br>e. Drug Name or Ingredients and Strength (if applicable);<br>f. Quantity;<br>g. Dosage Instructions (including the Frequency, Interval or Maximum Daily Dose);<br>h. Refill Authorization (including number of refills and interval between refills) - if applicable;<br>i. Prescriber Name;<br>j. Prescriber ID (i.e., College Identification Number); and<br>k. A designated area for the prescriber signature which notes: "THIS IS THE OFFICIAL PRESCRIPTION AUTHORIZATION."<br>**Note(s):**<br>1. The intent of this rule is to ensure applications that can create prescriptions also provide the ability for users to print prescriptions for patients.<br>2. Multiple prescriptions may be printed on a single piece of paper. | M | M | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx11.7 | **Printing PharmaNet Prescription Records (for Patients)**<br>The POS application must support printing a copy of active PharmaNet prescription records if requested by a patient.<br>The printed copy must include each of the fields noted in PNetTx11.6 (Print Local Prescription Records) with the following additions:<br>a. PharmaNet Prescription ID; and<br>b. A designated area for the prescriber signature which notes: "THIS IS A COPY – SEE PHARMANET FOR THE PRESCRIPTION AUTHORIZATION."<br>**Note(s):**<br>1. This only applies to the creation or adjustment/adaptation of a prescription (i.e., TRX-X1 or TRX-X3).<br>2. Multiple prescriptions may be printed on a single piece of paper. | M | M | X | M | M |
| PNetTx11.8 | **Printing Prescription Records (for Third-Party Audit)**<br>The POS application must support printing a representation of the PharmaNet prescription record which was used for a dispense if requested for third-party audit.<br>The printed copy must include each of the fields noted in PNetTx11.10 (Printing PharmaNet Prescription Information) with the following addition:<br>a. A designated area for the prescriber signature which notes: "THIS IS A REPRESENTATION OF THE PRESCRIPTION AUTHORIZATION FROM PHARMANET FOR THIRD-PARTY AUDIT." | X | X | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx11.9 | **Printing PharmaNet Medical History**<br>The POS application must provide a means of printing PharmaNet medical history (e.g., prescriptions, dispenses, adverse events, clinical conditions) for the purposes of providing clinical care by the health care provider.<br>The printed copy must include (but is not limited to):<br>a. all mandatory print fields in:<br>i. Table 16 Medication Reconciliation Report (POS Report Information) – Mandatory Print Standards<br>ii. Table 17 Dispense History (PharmaNet Information) – Mandatory Print Standards;<br>iii. Table 18 Prescription History (PharmaNet Information) – Mandatory Print Standards;<br>b. type of profile requested;<br>c. identity of user that printed the report;<br>i. The user's GPID must not be printed; and<br>d. any filters that have been applied.<br>**Note(s):**<br>1. The full PharmaNet medical history cannot be printed for patients such requests must be made through the Ministry (see Volume 3C).<br>2. Table 17 Dispense History (PharmaNet Information) – Mandatory Print Standards is only applicable to the TRX-X0/TRP combination transaction. | O | O | O | X | O |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx11.10 | **Printing PharmaNet Prescription Information**<br>The POS application must support printing PharmaNet prescription information (returned from TRX transactions in the ZPX segment) for the purposes of providing clinical care by the health care provider.<br>The printed copy must include each of the following:<br>a. any fields used to create the local prescription record for dispensing; and<br>b. the date and time the information was retrieved from PharmaNet.<br>All PharmaNet code values must be printed in the full text associated with the code.<br>The following data fields can be represented in a user-friendly description:<br>• Drug/Device Name<br>• DIN/PIN (if applicable)<br>• Frequency<br>• Frequency Code<br>• Dose<br>• Dose Unit<br>• Route Code<br>• Directions (Patient Instructions)<br>• Quantity Dispensed (if applicable)<br>• Total Days Supply<br>For example:<br>• Amoxicillin - Take 500mg orally three times per day for 10 days; or<br>• Amoxicillin 500mg - Take 1 capsule orally three times per day for 10 days | X | X | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx11.11 | **Printed Prescriber Best Possible Medication History (BPMH) Report**<br>The application must provide the ability to print and/or save a BPMH report which includes the active prescriptions for a patient.<br>**Note(s):** The Ministry recommends including the associated condition and patient instructions. | O | O | X | X | X |
| PNetTx11.12 | **Printed PharmaCare BPMH Report**<br>The application must provide the ability to print and/or save a report which meets PharmaCare requirements.<br>**Note(s):** Additional information is available at:<br>1. Information for Pharmacies, https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/pharmacies<br>2. PharmaCare Policy Manual, 8. Pharmacy Fees, Subsidies, Provider Payment, Section 8.9 Medication Review Services https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/pharmacare-publications/pharmacare-policy-manual-2012/pharmacyfees-subsidies-providerpayment/medication-review-services | X | X | X | X | O |

## Medication Reconciliation Report – Mandatory Print Standards

These tables define the minimum mandatory print standards for the Medication Reconciliation Report:

**Note(s):** The additional fields marked as not mandatory can optionally be included in the report.

*Table 16 Medication Reconciliation Report (POS Report Information) – Mandatory Print Standards*

| POS Report Information | Details | Mandatory |
|---|---|---|
| Heading: | | |
| Type of profile requested | • TRP – Last 14 months of dispenses<br>• TRR – Most recent 15 dispenses<br>• TRX-X0 – Last 14 months of prescriptions<br>• TRX-X0/TRP - Last 14 months of both prescriptions and dispenses | N |
| Date/Time of Print-out | | Y |
| Identity of the user that printed the report | This must only be the local user identifier (i.e., the user's College ID or GPID must not be printed). | Y |
| Network Facility ID and Name of the Facility | The Network Facility ID could be the unique Location ID. | Y |
| Acknowledgement of PharmaNet as Source of Data for the Report | | Y |
| Data Set Limitations/Filters: | • A description of the limitations/filters that have been included on the printout, including any limitations/filters resulting from the transaction used, and from any data elements/values used to further filter the data returned.<br>• For example, this could include date dispensed within last x months or dispenses with status of filled.<br>• The following paragraph provides an example of how the filters could be expressed:<br>"The following is a PharmaNet extract as of <Date> <Time> of the most recent dispenses and/or prescriptions for the above patient in the province of British Columbia over the last x months (up to a maximum of 14)." | Y |

| POS Report Information | Details | Mandatory |
|---|---|---|
| Heading: | | |
| Disclaimer: | "*** Do not assume the patient is currently taking these medications or in these doses ***<br>Please note that changes MAY have been made to the patient's provincial medication records since this report was printed. In addition, it MAY contain discontinued medications and does NOT contain updated instructions the patient may have received from their physician or such items as non-prescription drugs, samples, investigational or clinical trial drugs, complementary and alternative therapies, selected prescriptions obtained through provincial programs (e.g., antiretrovirals), or prescriptions obtained from outside the province or over the Internet." | Y |
| Patient Demographics: | • Patient Name<br>• Gender<br>• Date of Birth | Y |

*Table 17 Dispense History (PharmaNet Information) – Mandatory Print Standards*

| Information Fields | Source | Mandatory |
|---|---|---|
| Provincial Health Care ID (PHN) | ZCC | Y |
| **Clinical Condition Information:** | | |
| Patient Condition | ZPB1 | Y |
| Patient Condition Chronic | ZPB1 | N |
| Reported By Code | ZPB1 | N |
| Date Reported | ZPB1 | N |
| Comment Text | ZPB1 | Y |
| Practitioner ID Reference | ZPB1 | N |
| Practitioner ID | ZPB1 | N |
| Date Entered | ZPB1 | N |
| **Adverse Reaction Information:** | | |
| DIN/PIN | ZPB2 | N |
| Generic Name/Manufacturer | ZPB2 | Y |
| Reported By Code | ZPB2 | N |
| Date Reported | ZPB2 | N |
| Comment Text | ZPB2 | Y |
| Practitioner ID Reference | ZPB2 | N |
| Practitioner ID | ZPB2 | N |
| Date Entered | ZPB2 | N |
| **Medication History Information:** | | |
| DIN/PIN | ZPB3 | Y |
| Generic Name/Manufacturer | ZPB3 | Y |
| Same Store Indicator (omit for Medical Practice and HCIS) | ZPB3 | N |
| Quantity | ZPB3 | Y |
| Maximum Daily Dosage | ZPB3 | N |
| Dispense Status (i.e., Rx Status field) | ZPB3 | Y |
| Date Dispensed | ZPB3 | Y |

| Information Fields | Source | Mandatory |
|---|---|---|
| Intervention Codes | ZPB3 | N |
| Practitioner ID Reference | ZPB3 | N |
| Practitioner ID | ZPB3 | N |
| Practitioner Family Name | ZPB3 | N |
| Drug Discontinue Date | ZPB3 | N |
| Drug Discontinue Source | ZPB3 | N |
| Directions | ZPB3 | Y |
| Comment Text | ZPB3 | Y |
| Practitioner ID Reference | ZPB3 | N |
| Practitioner ID | ZPB3 | N |
| Date Entered | ZPB3 | N |
| Location ID (returned in v70 only) | ZPB3 | N |
| Adaptation Indicator (returned in v70 only) | ZPB3 | N |
| PharmaNet Prescription ID (returned in v70 only) | ZPB3 | N |
| MMI Codes (returned in v70 only) | ZPB3 | N |
| Clinical Service Codes (returned in v70 only) | ZPB3 | N |

*Table 18 Prescription History (PharmaNet Information) – Mandatory Print Standards*

| Information Fields | Source | Mandatory |
|---|---|---|
| Provincial Health Care ID (PHN) | ZCC | Y |
| Prescriber ID Reference | ZPX | Y |
| Prescriber ID | ZPX | Y |
| Prescription Status (i.e., RX Status Code field) | ZPX | Y |
| Reason Code (if applicable – i.e., not null) | ZPX | Y |
| Last Update Location ID | ZPX | N |
| Entered by ID | ZPX | N |
| Location ID | ZPX | N |
| PharmaNet Prescription ID | ZPX | Y |
| Original PharmaNet Prescription ID (if applicable) | ZPX | Y |
| Date of Prescription | ZPX | Y |
| Prescription Expiry Date (i.e., RX Expiry Date field) | ZPX | N |
| Dispense Start Date | ZPX | N |
| DIN/PIN (if applicable - e.g., do not substitute)* | ZPX | N |
| Drug/Device Name* | ZPX | Y |
| Total Quantity | ZPX | Y |
| Total Days Supply* | ZPX | Y |
| Refill/Repeat Authorizations (if applicable) | ZPX | Y |
| Quantity Dispensed (if applicable)* | ZPX | Y |
| Maximum Dispense Quantity (if applicable) | ZPX | Y |
| Dispense Interval (if applicable) | ZPX | Y |
| Indication Code | ZPX | Y |
| Frequency (do not display if value = 99)* | ZPX | Y |
| Frequency Code* | ZPX | Y |
| Dose* | ZPX | Y |
| Dose Units* | ZPX | Y |
| Route Code* | ZPX | Y |

| Information Fields | Source | Mandatory |
|---|---|---|
| Compound Instructions (if applicable) | ZPX | Y |
| Compound Ingredients (if applicable) | ZPX | Y |
| Office Use Indicator (if applicable) | ZPX | N |
| Device Indicator (if applicable) | ZPX | N |
| Do Not Substitute Indicator (if applicable) | ZPX | N |
| Trial Eligibility Indicator (if applicable) | ZPX | N |
| Compliance Packaging Indicator (if applicable) | ZPX | N |
| Adapted Indicator (if applicable) | ZPX | N |
| Adaptation Indicator (if applicable) | ZPX | N |
| Veterinary Indicator (if applicable) | ZPX | N |
| Directions (Patient Instructions)* | ZPX | Y |
| Prescriber Notes | ZPX | Y |
| Folio Number (if applicable) | ZPX | N |
| Intervention and Exception Codes (if applicable) | ZPX | N |
| MMI Codes (if applicable) | ZPX | Y |
| Clinical Service Codes (if applicable) | ZPX | Y |
| Last Dispensed Location ID | ZPX | Y |
| Last Dispensed DIN/PIN | ZPX | Y |
| Last Dispensed Date of Service | ZPX | Y |
| Rationale (if applicable) | ZPX | Y |
| Instructions to Patient (if applicable) | ZPX | Y |
| Follow Up Plan (if applicable) | ZPX | Y |
| Last Update Timestamp | ZPX | N |

*See PNetTx11.10 Printing PharmaNet Prescription Information.

## 3.9 Medication Management and Reconciliation

Medication Management and Reconciliation is the process of reviewing the full patient history (i.e., both prescriptions and dispenses) and reconciling discrepancies between systems to create the Best Possible Medication History (BPMH).

| Term | Definition |
|---|---|
| **Medication Reconciliation** | • A formal process in which healthcare providers work together with patients, families, and care providers to ensure accurate and comprehensive medication information is communicated consistently across transitions of care.<br>• Medication reconciliation requires a systematic and comprehensive review of all the medications a patient is taking (known as a BPMH) to ensure that medications being added, changed, or discontinued are carefully evaluated.<br>• It is a component of medication management and will inform and enable prescribers to make the most appropriate prescribing decisions for the patient. |
| **Best Possible Medication History (BPMH)** | • A history created using a:<br>  ○ systematic process of interviewing the patient/family; and<br>  ○ review of at least one other reliable source of information to obtain and verify all of a patient's medication use (prescribed and non-prescribed).<br>• Complete documentation includes drug name, dosage, route, and frequency.<br>• The BPMH is more comprehensive than a routine primary medication history which is often a quick preliminary medication history which may not include multiple sources of information. |

**Source:** Institute for Safe Medication Practices Canada, https://www.ismp-canada.org/medrec/

*Table 19 Medication Management and Reconciliation – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx13.1 | **Last Date of Prescription Reconciliation**<br>The POS application must display the last date of prescription reconciliation with PharmaNet to the user. | M | M | X | X | M |
| PNetTx13.2 | **Prescription Reconciliation by TRX-X4**<br>The POS application must provide the ability to:<br>a. compare local prescriptions with PharmaNet using the TRX-X4 (Retrieve Prescriber Prescription);<br>b. flag and display a summary of discrepancies (if they exist as per PNetTx13.9 Mandatory Display for Medication Management and Reconciliation) by the following discrepancy types:<br>i. PharmaNet Prescription ID (i.e., not assigned to local prescription record) – see PNetTx13.4 (Missing PharmaNet Prescription ID), and<br>ii. Prescription Status (e.g., active, complete, obsolete, revoked, adapted) – see PNetTx13.6 (Prescription Status Not Aligned); and<br>c. provide an option to retrieve additional patient-specific information using Prescription Reconciliation by the TRX-X0 – see PNetTx13.3 (Prescription Reconciliation by TRX-X0).<br>**Note(s):**<br>1. The reconciliation process is initiated either manually or automatically.<br>2. If there are no discrepancies, there is no need to notify the user. | M | M | X | X | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx13.3 | **Prescription Reconciliation by TRX-X0**<br>When a user opens a patient-specific profile, the POS application must provide the ability to:<br>a. compare local prescriptions with PharmaNet using either the TRX-X0 or TRX-X0/TRP combination transactions;<br>b. flag and display a summary of discrepancies (if they exist as per PNetTx13.9 Mandatory Display for Medication Management and Reconciliation) by the following:<br>i. PharmaNet Prescription ID (i.e., not assigned to local prescription record) – see PNetTx13.4 (Missing PharmaNet Prescription ID) and/or PNetTx13.5 (Recording External Prescriptions), and<br>ii. Prescription Status (e.g., active, complete, obsolete, revoked, adapted) – see PNetTx13.6 (Prescription Status Not Aligned); and<br>iii. Dispense Information (either from the TRX-X0 and/or TRP).<br>**Note(s):**<br>1. The reconciliation process is initiated either manually or automatically.<br>2. If there are no discrepancies, there is no need to notify the user.<br>3. To minimize the number of scripts returned, it is recommended that the request excludes results that were previously reconciled (see PNetTx36.1 Retrieve Patient Prescription). | M | M | X | X | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx13.4 | **Missing PharmaNet Prescription ID**<br>If the PharmaNet Prescription ID exists in PharmaNet, but not the local system (e.g., PharmaNet down, verbal prescription) the POS application must provide the following options to the user (using the data retrieved from PharmaNet):<br>a. create a new local prescription record with the ability to perform regular prescription functions (e.g., renewal, status updates) including the option to copy an external prescription – see PNetTx13.5 Recording External Prescriptions;<br>b. update a local prescription with the missing PharmaNet Prescription ID;<br>c. designate as the wrong prescriber (e.g., the wrong prescriber was selected by a pharmacy user on an order entry for a paper/fax prescription) – see associated rules:<br>i. PNetTx13.7 Wrong Prescriber (Prescription Not Dispensed), and<br>ii. PNetTx13.8 Wrong Prescriber (Prescription Dispensed); or<br>d. acknowledge/ignore (including a record of decision) and prevent repeat notifications. | M | M | X | X | X |
| PNetTx13.5 | **Recording External Prescriptions**<br>The POS application must provide the ability to create a local copy of an external prescription (i.e., a prescription created by another prescriber) from PharmaNet with each of the following:<br>a. unique PharmaNet Prescription ID;<br>b. all relevant prescription details for clinical care including the prescription status; and<br>c. a clear indication that it is an external prescription. | M | M | X | X | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx13.6 | **Prescription Status Not Aligned**<br>If the PharmaNet Prescription ID exists in both PharmaNet and the local system, but there is a discrepancy in the Prescription Status, the POS application must:<br>a. provide the user with a summary of the Prescription Status update (including the associated Reason Code); and<br>b. provide the option for the user to update the local system to match PharmaNet. | M | M | X | X | M |
| PNetTx13.7 | **Wrong Prescriber (Prescription Not Dispensed)**<br>If the prescription has not been dispensed and the prescriber determines that the wrong prescriber was selected by the pharmacy the user must be able to update the Prescription Status (using the TRX-X2) to revoke (i.e., 'R') with the Reason Code ('WP' = Wrong Prescriber Selected). | M | M | X | X | X |
| PNetTx13.8 | **Wrong Prescriber (Prescription Dispensed)**<br>If the prescription has been dispensed and the prescriber determines that the wrong prescriber was selected by the pharmacy, the user must be prompted to contact the dispensing pharmacy to:<br>a. both reverse the dispense, and<br>b. revoke (i.e., cancel) the prescription.<br>**Note(s):** The dispensing pharmacy can be found by submitting a TIL (Get Location Details) using the Last Dispensed Location ID from the TRX-X0 (Retrieve Patient Prescription). | M | M | X | X | X |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx13.9 | **Mandatory Display for Medication Management and Reconciliation**<br>The POS application must display a summary comparison which provides:<br>a. the pertinent details of both the local and PharmaNet records – e.g.,<br>i. Prescription Status,<br>ii. Indication Code,<br>iii. Reason Code,<br>iv. Last Dispensed Location ID,<br>v. Last Dispensed DIN/PIN,<br>vi. Last Dispensed Date of Service; and<br>b. any discrepancies between the local system and PharmaNet must be clearly identified (e.g., any prescriptions missing from the local system);<br>The user must have the ability to access (directly from the summary/comparison display) additional details (e.g., original prescription for an adaption) per the following display rules:<br>c. Table 31 TRP/TRR/TRS (Patient Medication Profile Request) – Mandatory Display Standards); and<br>d. Table 66 TRX X0/X5 (Retrieve Patient Prescription) – Mandatory Display Standards.<br>**Note(s):** For related printing rules, see PNetTx11.12 Printed Prescriber Best Possible Medication History (BPMH) Report and PNetTx11.13 Printed PharmaCare BPMH Report. | M | M | X | X | M |

# 4.0 Transaction Specific – Application Enforced Rules

## 4.1 TID – Patient Identification

The Patient Identification (TID) transaction will return a PharmaNet patient record using the patient's PHN.

If a POS application is integrated with the Provincial Client Registry, it is no longer permitted to use any of the legacy Patient Demographics transactions (i.e., TID, TPA, TPH, or TPN) in PharmaNet.

*Table 20 TID (Patient Identification) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx14.1 | **Latest Patient Address**<br>The requested PharmaNet patient address record must cause a comparison against the latest mailing address in the POS application. | X | X | X | M | M |
| PNetTx14.2 | **Address Correction in PharmaNet**<br>If the compared address records do not match, the user must be provided with the ability to correct the information in PharmaNet using the TPA (Patient Address Update) transaction. | X | X | X | M | M |
| PNetTx14.3 | **Address Correction in POS**<br>If the compared address records do not match, the user must be provided with the ability to correct the information in the POS application. | X | X | X | M | M |
| PNetTx14.4 | **Mandatory Display for TID (Patient Identification)**<br>All fields identified in Table 21 TID (Patient Identification) – Mandatory Display Standards must be displayed in the POS application after submitting the transaction to PharmaNet.<br>**Note(s):** Display of additional fields returned from PharmaNet is optional (see Volume 4C: Technical Supplement – PharmaNet Message Specifications). | X | X | X | M | M |

## TID (Patient Identification) – Mandatory Display Standards

*Table 21 TID (Patient Identification) – Mandatory Display Standards*

| Information Fields | Source |
|---|---|
| PHN | ZCC |
| Patient Date of Birth | ZCC |
| Patient Gender | ZCC |
| Patient First Name | ZPA |
| Patient Initials | ZPA |
| Patient Last Name | ZPA |
| Patient Address Line 1 | ZPA |
| Patient Address Line 2 | ZPA |
| City | ZPA |
| Postal Code | ZPA |
| Province Code | ZPA |
| Country Code | ZPA |
| PharmaNet Participant Message | ZPI |
| Response Message Status | ZZZ |

## 4.2 TPN – Patient Name Search

The Patient Name Search (TPN) transaction is used to find the patient's record and PHN in PharmaNet.

If a POS application is integrated with the Provincial Client Registry, it is no longer permitted to use any of the legacy Patient Demographics transactions (i.e., TID, TPA, TPH, or TPN) in PharmaNet.

*Table 22 TPN (Patient Name Search) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx15.1 | **Mandatory Local Patient Name Search**<br>A patient name search must be performed locally through the POS application prior to transmitting a TPN transaction. | X | X | X | M | M |
| PNetTx15.2 | **Patient Name Search Options**<br>The POS application must provide the ability to search by:<br>a. full surname;<br>b. complete or partial first name;<br>c. gender; and<br>d. partial (YYYY only) or full date of birth (YYYYMMDD). The date of birth must not be greater than current transaction date and must be in valid date format.<br>**Note(s):**<br>• This search will return all exact matches, as well as matches where the day (DD) is equal to 01; and for patients whose date of birth falls within a +/- five (5) year window of the year provided.<br>• Examples:<br>○ Search for Existing Person, F, 19770915 will return Existing Person, F, 19770901.<br>○ Search for Existing Person, F, 1977 will return any female with matching surname and first name; and year of birth from 1972 to 1982 (up to maximum of 25 results). | X | X | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx15.3 | **Patient Name Search Results Display**<br>The following options must be presented to the user for each search:<br>a. select a patient from the list displayed; and<br>b. change search criteria.<br>**Note(s):**<br>• Regardless of patient gender entered ('M' or 'F'), the search will return exact matches on the gender provided and any records with a gender of 'U' (unknown).<br>• The name search will first attempt to find exact matches using all the characters of the given name provided.<br>• If no matches are found, then another search is automatically completed using only the first letter of the given name. | X | X | X | M | M |
| PNetTx15.4 | **No Matches Found**<br>If the search parameters do not result in any matches, the POS application must display the PharmaNet error message to the user.<br>• '108 No matches found for selection criteria chosen' | X | X | X | M | M |
| PNetTx15.5 | **Valid Name Entry**<br>The POS application must ensure the first character in the names entered begin with a letter. | X | X | X | M | M |
| PNetTx15.6 | **PHN Confirmation**<br>Once the user has confirmed they have found the correct individual, the PHN must be stored in the local patient record. | X | X | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx15.7 | **Maximum Search Results Exceeded**<br>PharmaNet searches will return up to 25 matches, and if the number of matches exceeds 25, the following message will be returned:<br>• '106 Selection criteria chosen resulted in too many matches'<br>In this case, the application must prompt the user to search using narrowed criteria. | X | X | X | M | M |
| PNetTx15.8 | **Mandatory Display for TPN (Patient Name Search)**<br>All fields identified in Table 23 TPN (Patient Name Search) – Mandatory Display Standards must be displayed in the POS application after submitting the transaction to PharmaNet.<br>**Note(s):** Display of additional fields returned from PharmaNet is optional (see Volume 4C: Technical Supplement – PharmaNet Message Specifications). | X | X | X | M | M |

## TPN (Patient Name Search) – Mandatory Display Standards

*Table 23 TPN (Patient Name Search) – Mandatory Display Standards*

| Information Fields | Source |
|---|---|
| PHN | ZCC |
| Patient Date of Birth | ZCC |
| Patient Gender | ZCC |
| Patient First Name | ZPA |
| Patient Initials | ZPA |
| Patient Last Name | ZPA |
| Patient Phone Number | ZPA |
| Patient Address Type | ZPA |
| Patient Address Line 1 | ZPA |
| Patient Address Line 2 | ZPA |
| City | ZPA |
| Country | ZPA |
| Postal Code | ZPA |
| Province Code | ZPA |
| Response Message Status | ZZZ |

## 4.3 TPA – Patient Address Update

The Patient Address Update (TPA) transaction is used to update a patient's address in PharmaNet.

**Note(s):** The patient's PHN is used to find the existing address.

If a POS application is integrated with the Provincial Client Registry, it is no longer permitted to use any of the legacy Patient Demographics transactions (i.e., TID, TPA, TPH, or TPN) in PharmaNet.

*Table 24 TPA (Patient Address Update) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx16.1 | **Complete Address**<br>The complete mailing address must be transmitted to ensure the address in PharmaNet is correct including:<br>a. Address Prefix 1; and<br>b. Address Prefix 2 (if it contains data).<br>**Note(s):** Address requirements are in the message specification. | X | X | X | M | M |
| PNetTx16.2 | **Address Changes**<br>Changes to the patient's mailing address must trigger the complete mailing address to be transmitted (i.e., not just the changes). | X | X | X | M | M |
| PNetTx16.3 | **Phone Number**<br>The POS application must provide a field for the patient's local phone number. | X | X | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx16.4 | **Postal Codes**<br>Postal codes must:<br>a. NOT be blank;<br>b. use the correct format (e.g., six alphanumeric characters with no spaces for Canada; and up to 10 A/N/S characters for other countries); and<br>c. be associated with the correct codes (i.e., Province Code, Country Code).<br>Examples:<br>• Canada → Postal Code = 'V8W3C8', Province Code = 'BC', Country Code = 'CAN';<br>• United States → Postal Code = '90210', Province Code = 'CA' (i.e., California), Country Code = 'USA'; and<br>• Other countries → Postal Code = '00-368', Province Code = 'XX' (i.e., Other), Country Code = 'POL' (i.e., Poland).<br>If the postal code is unavailable, the clinical site's postal code must be entered.<br>**Note(s):**<br>1. PharmaNet will return an error if the postal code is blank or incorrect codes are used.<br>2. Refer to the BC PharmaNet Terminology Worksheet for additional information. | X | X | X | M | M |

<table>
<tr><th>#</th><th>Rule</th><th>EMR</th><th>HA-BPMH</th><th>HA-Viewer</th><th>MDS</th><th>Pharmacy</th></tr>
<tr><td>PNetTx16.5</td><td>Address Verification<br>If the country is Canada, a legitimate province code and first character of the postal code must be used as follows:
<table>
<tr><th>Province</th><th>Province Code</th><th>Postal Code First Character</th></tr>
<tr><td>Alberta</td><td>AB</td><td>T</td></tr>
<tr><td>British Columbia</td><td>BC</td><td>V</td></tr>
<tr><td>Manitoba</td><td>MB</td><td>R</td></tr>
<tr><td>New Brunswick</td><td>NB</td><td>E</td></tr>
<tr><td>Newfoundland</td><td>NL</td><td>A</td></tr>
<tr><td>Nova Scotia</td><td>NS</td><td>B</td></tr>
<tr><td>Northwest Territories</td><td>NT</td><td>X</td></tr>
<tr><td>Nunavut</td><td>NU</td><td>X</td></tr>
<tr><td>Ontario</td><td>ON</td><td>K,L,M,N,P</td></tr>
<tr><td>Prince Edward Island</td><td>PE</td><td>C</td></tr>
<tr><td>Quebec</td><td>QC</td><td>G,H,J</td></tr>
<tr><td>Saskatchewan</td><td>SK</td><td>S</td></tr>
<tr><td>Yukon Territories</td><td>YT</td><td>Y</td></tr>
</table>
If the country is USA, a legitimate “state code” (e.g., Province Code = WA) must be entered.<br><br>For all other countries, the Province Code must be ‘XX’ (i.e., Other).<br><br>Note(s):<br>1. If the patient’s postal code is not available, the facility’s postal code must be used.<br>2. Refer to the BC PharmaNet Terminology Worksheet for additional information.</td><td>X</td><td>X</td><td>X</td><td>M</td><td>M</td></tr>
</table>

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx16.6 | **Mandatory Display for TPA (Patient Address Update)**<br>All fields identified in Table 25 TPA (Patient Address Update) – Mandatory Display Standards must be displayed in the POS application after submitting the transaction to PharmaNet.<br>**Note(s):** Display of additional fields returned from PharmaNet is optional (see Volume 4C: Technical Supplement – PharmaNet Message Specifications). | X | X | X | M | M |

## TPA (Patient Address Update) – Mandatory Display Standards

*Table 25 TPA (Patient Address Update) – Mandatory Display Standards*

| Information Fields | Source |
|---|---|
| Response Message Status | ZZZ |

## 4.4 TPH – PHN Assignment

The PHN Assignment (TPH) transaction is used to:

- create a new patient record in PharmaNet; and
- assign a PHN.

If a POS application is integrated with the Provincial Client Registry, it is no longer permitted to use any of the legacy Patient Demographics transactions (i.e., TID, TPA, TPH, or TPN) in PharmaNet.

*Table 26 TPH (PHN Assignment) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx17.1 | **Name Search Before PHN Assignment**<br>A TPN transaction (patient name search) must be enforced prior to a TPH transaction (assigning a PHN). | X | X | X | M | M |
| PNetTx17.2 | **PHN Assignment Prompt**<br>Prior to assigning a PHN, the user must be prompted with the following statement:<br>'This transaction will cause a new PHN to be assigned. Are you certain this patient does not have a PHN – Y/N?'<br>PHNs must not be created for anything other than a patient (i.e., no PHNs for pharmacy location or store or an animal). | X | X | X | M | M |
| PNetTx17.3 | **Default PHN Assignment Prompt**<br>The default condition must be set to 'N' to cancel the transaction.<br>The user must enter 'Y' to cause the transaction to proceed. | X | X | X | M | M |
| PNetTx17.4 | **Names**<br>Names must begin with a letter. | X | X | X | M | M |
| PNetTx17.5 | **Store Assigned PHN**<br>All PHNs assigned by PharmaNet must be stored in the POS application as part of the patient's demographic information. | X | X | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx17.6 | **Patient Address Input**<br>The POS application must meet the rules in the TPA transaction for patient address input associated with the TPH. | X | X | X | M | M |
| PNetTx17.7 | **Mandatory Display for TPH (PHN Assignment)**<br>All fields identified in Table 27 TPH (PHN Assignment) – Mandatory Display Standards must be displayed in the POS application after submitting the transaction to PharmaNet.<br>**Note(s):** Display of additional fields returned from PharmaNet is optional (see Volume 4C: Technical Supplement – PharmaNet Message Specifications). | X | X | X | M | M |

## TPH (PHN Assignment) – Mandatory Display Standards

*Table 27 TPH (PHN Assignment) – Mandatory Display Standards*

| Information Fields | Source |
|---|---|
| Personal Health Number | ZCC |
| Response Message Status | ZZZ |

## 4.5 TIP – Prescriber Identification

The TIP (Prescriber Identification) transaction is optional for applications that are integrated with the Provider & Location Registry (PLR).

This function may be used to obtain information on a provider (e.g., physician, pharmacist, podiatrist, dentist, veterinarian) by either searching a name or by the unique identification number assigned by the appropriate regulatory body.

Please note that MSP billing numbers are not used to identify prescribers anywhere in PharmaNet.

*Table 28 TIP (Prescriber Identification) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx18.1 | **Retrieve Prescriber Identification**<br>Practitioner demographics are retrieved by:<br>a. a combination of Practitioner ID and Practitioner ID Reference; or<br>b. Family Name and optionally, any or all characters of the First Name.<br>**Note(s):** If no records are found in PharmaNet the response message sent back from PharmaNet is "101 Practitioner Not Found" | M | M | X | M | M |
| PNetTx18.2 | **More than 100 Prescriber Matches**<br>The POS application must notify the user to refine the search, if more than 100 prescriber matches are found.<br>**Note(s):** The following message will be returned: “106 Selection criteria chosen resulted in too many matches.” | M | M | X | M | M |
| PNetTx18.3 | **Mandatory Display for TIP (Prescriber Identification)**<br>All fields identified in Table 29 TIP (Prescriber Identification) – Mandatory Display Standards must be displayed in the POS application after submitting the transaction to PharmaNet.<br>**Note(s):** Display of additional fields returned from PharmaNet is optional (see Volume 4C: Technical Supplement – PharmaNet Message Specifications). | M | M | X | M | M |

## TIP (Prescriber Identification) – Mandatory Display Standards

*Table 29 TIP (Prescriber Identification) – Mandatory Display Standards*

| Information Fields | Source |
|---|---|
| Practitioner ID | ZPH |
| Practitioner ID Ref | ZPH |
| Practitioner First Name | ZPH |
| Practitioner Initials | ZPH |
| Practitioner Last Name | ZPH |
| Address Line 1 | ZPH |
| Address Line 2 | ZPH |
| City | ZPH |
| Province Code | ZPH |
| Postal Code | ZPH |
| Area Code | ZPH |
| Phone Number | ZPH |
| Type of Address | ZPH |
| Country | ZPH |
| Effective Date | ZPH |
| PharmaNet Participant Message | ZPI |
| Response Message Status | ZZZ |

## 4.6 TRP/TRR/TRS – Patient Medication Profile Request

Patient medication profile information is retrieved from PharmaNet using the TRP, TRR, and TRS transactions which return the dispensed medication history (including pharmaceutical dispenses, non-pharmaceuticals dispensed by the submitting location; and all clinical conditions and adverse reactions):

- TRP – returns all dispenses for the past 14 months;

  *Note(s): The actual value that is being used is 366 days (the max number of days in 12 months) plus 62 days (2 months x 31 days) of history.*

- TRR – returns the most recent 15 dispenses occurring within the past 14 months; and

- TRS – returns dispenses for the past 14 months at all sites in the province except the pharmacy sending the transaction.

No dispensed information will be returned when a dispense has been reversed with an intervention code of 'RE' – Data Entry Error.

The TRP transaction uses the drug generic name and manufacturer. This is true in all cases, except for those 'user-defined' drugs entered by PharmaCare. For these exceptions, the first 30 characters of the brand name are returned with the manufacturer.

If a name is supplied in the ZCC segment, the name is checked against the PharmaNet data for the identified PHN. If the first initial of the first name supplied does not match the PharmaNet first initial for the patient, the following warning message is returned '3052 Warning, First name does not match supplied'.

If the first two (2) characters of the last name supplied do not match the first two (2) characters of the last name of the patient recorded in PharmaNet, the following warning message is returned '3053 Warning, Last name does not match supplied'.

The information returned in the Medication History (ZPB3 segment) is sorted in the following order:

- PHN
- Date of Service (descending – most recent first)
- Last Update Timestamp (descending – most recent first)

*Table 30 TRP/TRR/TRS (Patient Medication Profile Request) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx19.1 | **View Entire Profile Data**<br>The POS application must be able to display the entire profile (i.e., clinical conditions, adverse reactions, dispense history).<br>**Note(s):**<br>1. It is permissible for a user to review only the minimum mandatory display of profile data and then proceed with dispensing the prescription.<br>2. The Clinical Condition Information (ZPB1) and Adverse Reaction Information (ZPB2) segments are not returned to the MDS access type.<br>3. The Medication History (ZPB3) segment returned to the MDS access type only includes dispenses from that location. | M | M | M | M | M |
| PNetTx19.2 | **Display of TRP and TRR Responses**<br>The following information from the TRP and TRR responses must be displayed to the user prior to allowing them to exit:<br>a. all clinical conditions (all ZPB1);<br>b. all adverse reactions (all ZPB2); and then<br>c. the most recent 15 dispenses returned by PharmaNet (ZPB3).<br>**Note(s):**<br>1. The sequence of display for the clinical conditions and adverse reactions can be defined by the vendor.<br>2. Please refer to Table 4 PharmaNet Transaction Permissions by to confirm the applicability of this rule against permitted transactions. | M | M | M | M | M |
| PNetTx19.3 | **TRP Only**<br>A stand-alone TRP transaction must be available.<br>**Note(s):** This rule is NOT mandatory if the TRX-X0/TRP combination transaction has been developed. | M | M | M | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx19.4 | **Retrieve More Dispenses for TRR**<br>If the maximum number of dispenses (currently 15) are returned by TRR, the POS application must:<br>a. indicate there may be more profile data available; and<br>b. provide an option to retrieve the additional data (i.e., TRP, TRS).<br>**Note(s):** This rule applies to the TRR transaction only. | M | M | X | M | M |
| PNetTx19.5 | **Patient Medication Profile Display for TRS**<br>The local patient record must be displayed when using the TRS transaction.<br>There are two options for patient medication profile display:<br>a. the local profile with the PharmaNet patient medication profile; or<br>b. present the local profile and then the PharmaNet patient medication profile.<br>If blending the local profile with the PharmaNet patient medication profile, the POS application must visibly distinguish between the local and PharmaNet records.<br>**Note(s):** This rule applies to the TRS transaction only. | X | X | X | X | M |
| PNetTx19.6 | **Dispense Not in PharmaNet**<br>The user must have the ability to annotate a local record if it has been inactivated (removed) from the PharmaNet medication profile in order to manage orphan records.<br>**Note(s):**<br>1. This will occur when the Ministry inactivates (i.e., removes) a dispense from the patient's medical history (e.g., incorrect PHN used for prescription, or PHN merge).<br>2. The Ministry will flag records for follow-up by direct communication to the site. | X | X | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx19.7 | **Automatic Patient Medical History Request Prior to Dispensing**<br>A PharmaNet patient medical history request must be automatically triggered and displayed prior to a dispense being recorded.<br>The POS application must not provide functionality or means for the user to omit the TRP, TRR, or TRS transactions.<br>If prescriptions are dispensed for the same patient on different terminals, the patient record must be displayed on each terminal.<br>**Note(s):** The TRX-X0/TRP combination functionality can be applied to fulfill requirements to retrieve the patient medication history. | M | M | X | M | M |
| PNetTx19.8 | **Sorting or Filtering Patient Medication History**<br>Users must be able to sort or filter the displayed patient medication history information.<br>At minimum, the following sort or filter criteria must be provided:<br>a. date/date range; and<br>b. alphabetical.<br>The POS application may also filter the display of dispensation history by DIN or generic equivalent.<br>However, dispensations of the same generic medication with a different unit strength must NOT be sorted/filtered together.<br>If the profile has been sorted or filtered, the sort or filter must be displayed. | O | O | O | O | O |
| PNetTx19.9 | **Summarized Medication History**<br>If the medication history portion of the medication profile is summarized by the DIN, the most recent dispensing date of the DIN must be displayed. | O | O | O | O | O |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx19.10 | **Large Profile (More Than 999 Dispenses)**<br>The POS application must be able to:<br>a. display the full medication profile to the user; and<br>b. indicate there may be more dispenses than displayed (if applicable).<br>**Note(s):** The PharmaNet response message will inform the user that there are more dispenses on the profile (e.g., '3050 Operation Successful: More than 999 Rx's exist on this profile'). | M | M | M | M | M |
| PNetTx19.11 | **Comparison of Adverse Drug Reaction (ADR) History**<br>If a ZPB2 segment is returned, the POS application must:<br>a. present the local patient record (allergies/ADRs) along with the returned PharmaNet information for comparison by the user; and<br>b. enable the user to update the local patient record with the PharmaNet allergy/ADR information. | M | M | M | M | M |
| PNetTx19.12 | **Mandatory Display for TRP/TRR/TRS (Patient Medication Profile Request)**<br>All fields identified in Table 31 TRP/TRR/TRS (Patient Medication Profile Request) – Mandatory Display Standards must be displayed in the POS application after submitting the transaction to PharmaNet.<br>**Note(s):**<br>1. For hospital systems, display standards apply to PharmaNet views.<br>2. Display of additional fields returned from PharmaNet is optional (see Volume 4C: Technical Supplement – PharmaNet Message Specifications). | M | M | M | M | M |

## TRP/TRR/TRS (Patient Medication Profile Request) – Mandatory Display Standards

*Table 31 TRP/TRR/TRS (Patient Medication Profile Request) – Mandatory Display Standards*

| Information Fields | Source |
|---|---|
| Provincial Health Care ID (PHN) | ZCC |
| **Clinical Condition Information (ZPB1):** | |
| Patient Condition | ZPB1 |
| Patient Condition Chronic | ZPB1 |
| Reported By Code | ZPB1 |
| Date Reported | ZPB1 |
| Comment Text | ZPB1 |
| Practitioner ID Reference | ZPB1 |
| Practitioner ID | ZPB1 |
| Date Entered | ZPB1 |
| **Adverse Reaction Information (ZPB2):** | |
| DIN/PIN | ZPB2 |
| Generic Name/Manufacturer | ZPB2 |
| Reported By Code | ZPB2 |
| Date Reported | ZPB2 |
| Comment Text | ZPB2 |
| Practitioner ID Reference | ZPB2 |
| Practitioner ID | ZPB2 |
| Date Entered | ZPB2 |
| **Medication History Information (ZPB3):** | |
| DIN/PIN | ZPB3 |
| Generic Name/Manufacturer | ZPB3 |
| Same Store Indicator (only for Pharmacy) | ZPB3 |
| Quantity | ZPB3 |
| Dispense Status (i.e., Rx Status field) | ZPB3 |
| Date Dispensed | ZPB3 |
| Intervention Code (if applicable) | ZPB3 |
| Practitioner ID Reference (for prescription) | ZPB3 |
| Practitioner ID (for prescription) | ZPB3 |
| Practitioner Family Name | ZPB3 |
| Drug Discontinue Date (if applicable) | ZPB3 |
| Drug Discontinue Source (if applicable) | ZPB3 |
| Directions | ZPB3 |
| Comment Text | ZPB3 |
| Practitioner ID Reference (for Comment Text) | ZPB3 |
| Practitioner ID (for Comment Text) | ZPB3 |
| Date Entered (for Comment Text) | ZPB3 |
| Location ID (returned in v70 only) | ZPB3 |

| Information Fields | Source |
|---|---|
| Adaptation Indicator (if applicable; returned in v70 only) | ZPB3 |
| PharmaNet Prescription ID (returned in v70 only) | ZPB3 |
| MMI Codes (if applicable; returned in v70 only) | ZPB3 |
| Clinical Service Code (if applicable; returned in v70 only) | ZPB3 |
| Response Message Status | ZZZ |

## 4.7 TAC/TDU – Adjudicate Dispense Claim

In order to process a dispense, both the TAC (i.e., financial component of a claim) and TDU (i.e., the DUE check) must be transmitted.

A TAC cannot be transmitted independently.

**Note(s):**

1. Claims adjudicated online use the Canadian Pharmacists Association (CPhA) Claim Adjudication Standard.

2. The standard period used for aggregation of PharmaCare claims that are adjudicated online is the business day or 00:30:00 to 00:29:50 PDT daily.

3. Adjudicators are identified by their Bank Identification Number (BIN) also referred to as the Issuer Identification Number (IIN).

4. If PharmaNet returns an 'E1' (i.e., Host Processing Error) response code with BIN = 1 (i.e., PHARMACARE), then a system error has occurred, and the user will need to contact HIBC Help Desk Support.

5. In cases where PharmaCare is not the primary insurer (i.e., first payer), patients may be eligible through federal plans (e.g., Armed Forces, DIA, RCMP, VAC) or other provincial plans (e.g., ICBC, WCB).

    a. These claims are not adjudicated through PharmaNet or accumulated towards a PharmaCare deductible.

*Table 32 TAC/TDU (Adjudicate Dispense Claim) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx20.1 | **Multiple Responses**<br>The POS application must be able to display up to 5 response codes from the ZCE segment of the message. | X | X | X | M | M |
| PNetTx20.2 | **Transmit All Prescriptions Dispensed**<br>All prescriptions dispensed regardless of who pays for the medications must be transmitted to PharmaNet.<br>The POS application must not provide functionality to prevent transmitting a dispense to PharmaNet.<br>**Note(s):** Refusal to fills are managed by obsoleting the prescription. | X | X | X | M | M |
| PNetTx20.3 | **Unique Local Original Dispense Numbers (TAC/TDU)**<br>Each dispense must be assigned a Local Original Dispense Number (i.e., Original Prescription Number field in the ZCD segment) which is unique within the POS. | X | X | X | M | M |
| PNetTx20.4 | **No Alteration of Adjudication Results**<br>The POS application must not allow alteration of adjudication result information from PharmaNet or other adjudicators. | X | X | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx20.5 | **Insurers Other Than PharmaCare**<br>If submitting a claim to third party insurers, the:<br>a. claim portion of the dispense must be submitted to PharmaNet;<br>b. portion not paid by PharmaCare must be submitted to the other insurer(s); and<br>c. the BIN must be '1' (i.e., PharmaCare).<br>**Note(s):**<br>1. For a TAC/TDU, the BIN must always be '1' (i.e., PharmaCare).<br>2. An 'E1' (i.e., Host Processing Error) response code will be returned if the first payer is not PharmaCare.<br>3. For example, a claim response might include:<br>a. ZZZ segment: Response Status = 0 (i.e., SUCCESS);<br>b. ZCA segment: BIN = 2 (i.e., VAC);<br>c. ZCE segment: Response Status = R (i.e., REJECTED CLAIM/REVERSAL); and<br>d. ZCE segment: Response Code = E1 (i.e., HOST PROCESSING ERROR). | X | X | X | M | M |
| PNetTx20.6 | **Pharmacist ID**<br>A claim must always carry the responsible Pharmacist's Practitioner ID in the Pharmacist ID field of the ZCD segment.<br>It must be the same ID as in the ZZZ segment. | X | X | X | X | M |
| PNetTx20.7 | **Storing the PharmaNet Adjudication Date**<br>The POS application must store the Adjudication Date (from the ZCE segment) returned by PharmaNet (i.e., cannot default to a local system date). | X | X | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx20.8 | **Third-Party Insurer**<br>If the claim is also being transmitted to a third-party insurer, the true value of the drug cost and dispensing fee must be recorded in the POS application as well as on the receipt. | X | X | X | M | M |
| PNetTx20.9 | **PharmaCare PIN Conversion**<br>PharmaCare and external carriers may use different PINs to identify non-pharmaceutical products.<br>The POS application must send all transactions to PharmaNet using the valid PharmaCare PINs.<br>The software must automatically convert PharmaCare PINs prior to submitting to the third-party insurer to accommodate their requirements.<br>The label, receipt and local system must record the PharmaCare PINs. | X | X | X | M | M |
| PNetTx20.10 | **Modification of Dispense to Third-Party Insurers**<br>The POS application must prevent:<br>a. any modification of dispense records after successful submission to PharmaNet; or<br>b. further electronic adjudication to third-party insurers after a receipt has been issued to the patient.<br>**Note(s):** The application may allow for multiple third-party insurer connection attempts, but once a receipt is provided to the client further transmissions are prohibited. | X | X | X | M | M |

<table>
<tr><th>#</th><th>Rule</th><th>EMR</th><th>HA-BPMH</th><th>HA-Viewer</th><th>MDS</th><th>Pharmacy</th></tr>
<tr><td>PNetTx20.11</td><td>Order of Transmission to Third-Party Insurers<br>The transmission and update sequence must be in the following order:<br>• PharmaNet,<br>• third-party insurers (if applicable) and then<br>• local system.<br>All systems must remain in sync with transmission of new and reversed prescriptions.<br>The POS application must recognize an out-of-sync condition (e.g., insurer system unavailable) and halt processing if automatic transmissions and updates to all third-party insurers are enabled.</td><td>X</td><td>X</td><td>X</td><td>M</td><td>M</td></tr>
<tr><td>PNetTx20.12</td><td>Dispense History<br>Dispense history stored in the POS application cannot be modified.<br>However, annotations may be added.</td><td>X</td><td>X</td><td>X</td><td>M</td><td>M</td></tr>
<tr><td>PNetTx20.13</td><td>Third-Party Insurer Claims<br>POS software that submits third-party insurer claims and processes the responses must:<br>a. Insert, without operator intervention or modification, the:<br>i. ‘PharmaCare Pays’ dollar amount returned by PharmaNet into the claim to the third-party insurer;<br>ii. ‘S/A’, ‘LCA’, ‘RBP’, and ‘BEN’ flags returned by PharmaNet into the claim to the third-party insurer;<br>b. The four flags will be sent to the third-party insurer in the D.64.03 field as a single value based on the conversion below:
<table>
<tr><th>S/A</th><th>RBP</th><th>LCA</th><th>BEN</th><th>Encoded Value (D.64.03)</th></tr>
<tr><td>N</td><td>N</td><td>N</td><td>N</td><td>BCSA0000</td></tr>
</table></td><td>X</td><td>X</td><td>X</td><td>M</td><td>M</td></tr>
</table>

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| N | N | N | Y | BCSA0001 |
| N | N | N | N/A | BCSA0002 |
| N | N | Y | Y | BCSA0011 |
| N | Y | N | Y | BCSA0101 |
| Y | N | N | N | BCSA1000 |
| Y | N | N | Y | BCSA1001 |
| Y | N | Y | N | BCSA1010 |
| Y | N | Y | Y | BCSA1011 |
| Y | Y | N | N | BCSA1100 |

c. Display to the Pharmacist, and print on the customer's receipt, the dollar amount paid by each adjudicator, clearly labeling each third-party insurer's adjudication amounts separately;

d. If the third-party insurer's adjudication service is unavailable or responding with a response code that indicates the claim could not be processed, captured, or requires manual submission (e.g., A6), the pharmacy software must display OFFLINE;

e. The software must not provide any opportunity for estimated dollar amounts to be inserted in either the PharmaCare Pay or third-party insurer portions of the claim;

f. If paper submissions are required, the software must display the amount being claimed in the third-party insurer portion(s) of the claim;

g. If electronic collection (not online adjudication) to the Medical Services Branch of Health Canada for Non-Insured Health Benefits (for registered Indians and Inuit), formerly known as the Department of Indian Affairs (DIA), or Veterans' Affairs Canada (VAC) is available, the software must display DIA or VAC, etc., or the amount claimed accordingly in the applicable third-party payer field on the receipt;

h. If a zero-drug cost and zero dispensing fee are transmitted to PharmaNet, the receipt must display the drug cost and

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| | dispensing fee submitted to both federal and private third-party insurers; and<br>i. Receipts must display N/A or remain blank when patient has no third-party insurer coverage.<br>**Note(s):**<br>1. The encoded value in the D.64.03 field will be accepted only for claims sent to Pacific Blue Cross effective January 2017.<br>2. Other insurers are not currently accepting this information in the claim message.<br>3. These flags are part of the ZCE segment under 'Message Line 1' and 'Message Line 2'. | | | | | |
| PNetTx20.14 | **Other Primary Insurer Intervention Code**<br>If the first payer is not PharmaCare (e.g., BC Cancer Agency, WCB, ICBC, BC Transplant Society, VAC), the POS application must submit a claim to PharmaNet with:<br>• Intervention Code = 'DE'<br>**Note(s):** These claims are not adjudicated by Pharmanet and do not accumulate towards the PharmaCare deductible. | X | X | X | M | M |
| PNetTx20.15 | **Adjudicator Not Available**<br>If the adjudicator that determines benefits first (primary carrier) or the first third-party is unavailable, the receipt must indicate OFFLINE in the applicable adjudicator(s) field(s).<br>**Note(s):** The adjudication to subsequent secondary carrier(s) is halted. | X | X | X | M | M |
| PNetTx20.16 | **Zero Cost and Fee Functionality**<br>Zero drug cost and zero professional fee functionality must be available on an individual dispense basis. | X | X | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx20.17 | **PharmaCare Claim Paid to Patient**<br>Any PharmaCare claim that is to be paid to the patient must be identified as such in PharmaNet.<br>If the payee is different from the patient, the payee must be identified by PHN in the Client ID Number or Code field of the ZCC segment.<br>The PHN entered in the Client ID field must be a member from the same Fair Pharmacare coverage as the patient's (e.g., child's) PHN.<br>The PHN submitted must have the full 13 digits.<br>**Note(s):**<br>1. The CPhA transaction code for a pay patient PharmaCare claim is '04'.<br>2. If a dispense for a child is transmitted as '04 - pay patient', the cheque is normally made payable to the parent.<br>3. Therefore, the parent's PHN must be entered in the Client ID field of the ZCC segment and the child's PHN entered in the Provincial Health Care ID (PHN) field.<br>4. If the PHN submitted in the Client ID field is not 13 digits, it will create an orphan record in PharmaNet, and the claim will be rejected. | X | X | X | M | M |
| PNetTx20.18 | **Data Fields Not to be Stored**<br>For privacy reasons the following two data fields embedded in the data fields Message Data Lines 1, 2 and 3 (ZCE segment) must not be stored in the POS application:<br>a. Plan (Message Line 1); or<br>b. Accumulated Expenditure (Message Line 2).<br>**Note(s):**<br>5. Both fields apply to an individual dispense at the time it adjudicates in PharmaNet and since both fields can change between dispenses submitted on the same day, they cannot | X | X | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| | be used to determine how the same dispense or another dispense for that patient might adjudicate in the future.<br>6. The information provided in each message line includes:<br><u>Message Line 1</u><br>• Plan (plan the claim adjudicated under)<br>• S/A (Y or N if a special authority exists)<br>• EXP (expiry date of the S/A (if one exists))<br>• DRUG (accepted drug cost)<br><u>Message Line 2</u><br>• ACC EXP (accumulated expenditure for the family prior to this claim)<br>• RBP (Y or N if the drug was reduced to RBP pricing)<br>• LCA (Y or N if the drug was reduced to LCA pricing)<br>• BEN (Y or N if the drug is a benefit)<br><u>Message Line 3</u><br>• Restriction (could be none, patient, or pharmacy)<br>• FEE (accepted dispensing fee) | | | | | |
| PNetTx20.19 | **Adjudication Results**<br>Adjudication results stored in the POS application must reflect the accurate values returned by all payers. | X | X | X | M | M |
| PNetTx20.20 | **Sale or Transfer of Inventory**<br>Information on the sale or transfer of inventory to other pharmacies must not be submitted to PharmaNet. | X | X | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx20.21 | **Trial Dispenses**<br>Trial dispenses must be submitted to PharmaNet with the:<br>a. code 'MT' in the Intervention and Exception Codes field of the ZCD segment; and<br>b. the trial portion of the dispense in the quantity field.<br>The balance of the dispense must be transmitted using the:<br>c. same Original Dispense Number,<br>d. remaining quantity, and<br>e. a blank in the Intervention and Exception Codes field.<br>"Trial Prescription" must also be indicated directly on the label/receipt.<br>**Note(s):**<br>1. For example, for a dispense of 100 pills with a trial portion of 7 pills, a new dispense must be sent to PharmaNet with a quantity of 7 and the value of 'MT' in the Intervention and Exception Codes field.<br>2. The balance of the dispense must be transmitted using the same Original Dispense Number, a quantity of 93, and a blank in the Intervention and Exception Codes field. | X | X | X | X | M |
| PNetTx20.22 | **Medication Management Interventions (MMI) and Clinical Service Codes (TAC/TDU)**<br>The POS application must provide the ability for the user to enter MMI and CS codes in the TAC/TDU (Dispense).<br>For example:<br>a. MMI = 'RXM' (i.e., Prescription Management); and<br>b. one of the appropriate Clinical Service codes (associated with the MMI code).<br>**Note(s):** Refer to the BC PharmaNet Terminology Worksheet for additional information. | X | X | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx20.23 | **MMI, Clinical Service, and Intervention Codes from TRX-X3**<br>If there are any MMI, Clinical Service and Intervention Codes in a TRX-X3 (Adjust or Adapt Prescription) transaction, then those codes must be automatically added to the associated TAC/TDU (Adjudicate Dispense Claim). | X | X | X | M | M |
| PNetTx20.24 | **Dispensing Completed Prescriptions**<br>The POS application must provide the ability to dispense a completed prescription using:<br>a. MMI Code = 'RXM' (Prescription Management); and<br>b. Clinical Service Code = 'QTYA' (Quantity Adjustment).<br>If using the Clinical Service Code 'QTYA', the POS application does not have to display the associated warning messages:<br>• "307 Rx Already Completed"<br>• "308 Total Rx Quantity is Exceeded"<br>Example scenario:<br>• If there is a shortage of the originally prescribed medication (e.g., RAMIPRIL 10mg) and the pharmacist must select a substitute medication (e.g., RAMIPRIL 5mg) which triggers the quantity being exceeded. | X | X | X | M | M |
| PNetTx20.25 | **Mandatory Display for TAC (Adjudicate Claim)**<br>All fields identified in Table 36 TAC (Adjudicate Claim) – Mandatory Display Standards must be displayed in the POS application after submitting the transaction to PharmaNet.<br>**Note(s):** Display of additional fields returned from PharmaNet is optional (see Volume 4C: Technical Supplement – PharmaNet Message Specifications). | X | X | X | M | M |

### 4.7.1 TAC/TDU – Refills & Part-Fills

*Table 33 TAC/TDU (Refills & Part-Fills) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx21.1 | **New/Refill Code Field**<br>An 'N' for a new dispense or 'R' for a refill is required in the New/Refill Code field. | X | X | X | M | M |
| PNetTx21.2 | **Part-Fills**<br>A prescription dispensed in part-fills must include New/Refill Code field value:<br>a. 'P' for the first fill; and<br>b. 'Q' for all subsequent part-fills.<br>If processing subsequent part-fills, the POS application must provide both the original and current dispense numbers.<br>**Note(s):** A part-fill refers to a prescription that has been divided to allow multiple dispenses (i.e., a prescription for 100 tablets could be dispensed as 5 part-fills of 20 tablets each.) | X | X | X | X | M |
| PNetTx21.3 | **Changes to Refill Quantity**<br>If a change is made to a dispense quantity on refill, the POS application must:<br>a. retain the historical record of the prescription and/or associated dispenses;<br>b. retain the quantity of previous dispenses; and<br>c. display the most recent dispensing event in the profile. | X | X | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx21.4 | **Dispense a Refill**<br>Changes to DIN must be restricted to generic substitutions (therapeutic class).<br>The Prescriber must not be changed on the dispense of a refill.<br>Changes to the Prescriber require the generation of a new prescription number (i.e., new original dispense number).<br>The POS application must maintain:<br>a. a historical record of all aspects of a dispense; and<br>b. any changes made to DIN and directions for refills. | X | X | X | X | M |
| PNetTx21.5 | **Intervention Code**<br>If the intervention code is prepopulated, the provider must be prompted to review the intervention code and given the option to change it before transmitting to PharmaNet.<br>If a prescription or a dispense that included an intervention code is refilled, the software may maintain that intervention code for transmission to PharmaNet except for:<br>• Intervention Code = 'UF' (PATIENT GAVE ADEQUATE EXPLANATION & FILLED AS WRITTEN) | X | X | X | M | M |
| PNetTx21.6 | **Refill Authority**<br>The POS application must have the ability to cancel any refill authorization locally.<br>**Note(s):**<br>1. This is for scenarios where a prescription is to be filled at another location and the originating pharmacy is informed by phone that the prescription must be transferred.<br>2. Any remaining refills in the local system will be inactivated as part of the transfer. | X | X | X | M | M |

### 4.7.2 TDU – Veterinary Prescriptions

*Table 34 TDU (Veterinary Prescriptions) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx22.1 | **Veterinary Prescriptions - Response 60**<br>The standard CPhA response '60' must be translated and displayed as a meaningful message as to why the error was returned.<br>**Note(s):**<br>1. If the Prescriber ID Reference (in the ZCD segment) identifies a veterinarian (first character V) on the input message, no DUE functions will be performed.<br>2. If the Prescriber ID Reference identifies a veterinarian (first character V) on the input message, the output message will return response code '60' (Prescriber Licensing Authority Code Error).<br>3. The PharmaCare claim will be adjudicated to zero and return a response status of 'B' (Accepted with Rx Price Adjustment).<br>4. The claim is accepted, and the error is returned because the prescriber is a veterinarian. | X | X | X | X | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx22.2 | **Dispenses for Animals**<br>Dispenses for animals (i.e., prescriptions written by veterinarians) must be associated with the owner's PHN and automatically transmitted to PharmaNet.<br>A dispense for an animal must:<br>a. not allow a non-veterinary practitioner reference;<br>b. automatically include "ANIMAL DISPENSE" at the beginning of the directions for use; and<br>c. not allow an emergency fill.<br>If an animal dispense is copied, the copied record must have a Practitioner ID Reference identifying a veterinarian as a prescriber.<br>**Note(s):** Emergency supplies for animals are not permitted to avoid dispenses for animals appearing on the patient's medication profile. | X | X | X | X | M |

### 4.7.3 TDU – Plan B Claims (Long-Term Care)

Pharmacies dispense Long-Term Care (LTC) resident's medications in compliance packaging. The reimbursement for this service is provided under PharmaCare Plan B agreements.

It is acceptable to batch dispenses for LTC facilities. PharmaNet will not distinguish prescriptions and PharmaCare claims submitted in a batch process from those normally processed in an interactive fashion at the pharmacy.

**Note(s):** The pharmacy system may provide batching, but it is not a mandatory requirement.

A TRP, TRR, TRS is not required for LTC dispenses. On completion of the batch process, the transaction sets will be reviewed by the Pharmacist and a professional decision made on further action for each dispense.

*Table 35 TDU (Plan B Long-Term Care) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx23.1 | **Plan B Dispenses**<br>If dispenses for Long-Term Care (LTC) are batched and handled without direct operator intervention all DUE messages returned by PharmaNet must be retained in the POS application for review by the responsible pharmacist.<br>DUE messages may be stored on the local system after review by the responsible pharmacist.<br>**Note(s):** The profile request is not required. | X | X | X | X | M |
| PNetTx23.2 | **LTC Facility**<br>The Group Number or Code field on the ZCC segment must correspond to the LTC facility contracted to the Pharmacy sending the transaction. | X | X | X | X | M |
| PNetTx23.3 | **Plan B Adjudication Receipts**<br>Receipts are not required for Plan B adjudication unless the dispense is not a benefit under Plan B. | X | X | X | X | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx23.4 | **MX and MY Intervention Codes**<br>The POS application must include the "LTC Group Number" in the claim if one of the following Intervention Codes are used:<br>• 'MX' (LTC PRN ORDER); or<br>• 'MY' (LTC PRESCRIPTION SPLIT FOR COMPLIANCE).<br>**Note(s):** Each LTC Facility is given a unique facility code and the pharmacy contracted to that facility is then assigned that code. | X | X | X | X | M |

## TAC (Adjudicate Claim) – Mandatory Display Standards

*Table 36 TAC (Adjudicate Claim) – Mandatory Display Standards*

| Information Fields | Source |
|---|---|
| Patient Pays | Local software |
| BIN | ZCA |
| Adjudication Date | ZCE |
| Reference Number | ZCE |
| Response Status | ZCE |
| Response Codes | ZCE |
| Drug Cost/Product Value | ZCE |
| Professional Charge | ZCE |
| Copay to Collect | ZCE |
| Plan Pays (PharmaCare) | ZCE |
| Message Data Line 1 | ZCE |
| Message Data Line 2 | ZCE |
| Message Data Line 3 | ZCE |
| Response Message Status | ZZZ |

### 4.7.4 Adjudication Examples

*Table 37 Adjudication Examples*

| Adjudication Results | | | | | | Receipt Display | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EX | PNET | ADJ 1 | ADJ 2 | PAPER | PATIENT | DRUG COST | DISP FEE | TOTAL | PNET | ADJ 1 | ADJ 2 | PAPER or COLLECT | PATIENT |
| 1 | 10.00 | 2.00 | N/A | N/A | 2.78 | 11.28 | 10 | 21.28 | 10.00 | 2.00 | | | 2.78 |
| 2 | 10.00 | 2.00 | 2.78 | N/A | 0.00 | 11.28 | 10 | 21.28 | 10.00 | 2.00 | 2.78 | | 0.00 |
| 3 | 0.00 | DOWN | UP | N/A | 14.78 | 11.28 | 10 | 21.28 | 0.00 | OFFLINE | OFFLINE | | 14.78 |
| 4 | 0.00 | 2.00 | DOWN | N/A | 12.78 | 11.28 | 10 | 21.28 | 0.00 | 2.00 | OFFLINE | | 12.78 |
| 5 | 0.00 | 2.00 | 2.78 | 8.00 | 2.00 | 11.28 | 10 | 21.28 | 0.00 | 2.00 | 2.78 | 8.00 | 2.00 |
| 6 | ****** | N/A | N/A | 14.78 | 0.00 | 11.28 | 10 | 21.28 | 0.00 | | | NIHB VAC<br>WCB<br>RCMP<br>FORCES<br>ICBC | 0.00 |
| 7 | DOWN BATCH 04 | UP | UP | N/A | 14.78 | 11.28 | 10 | 21.28 | OFFLINE | OFFLINE | OFFLINE | | 14.78 |
| 8 | DOWN BATCH 01 (senior) | UP | UP | N/A | 3.50 | 11.28 | 10 | 21.28 | OFFLINE | OFFLINE | OFFLINE | | 3.50 |
| 9 | DOWN BATCH 04 | N/A | N/A | UP | 14.78 | 11.28 | 10 | 21.28 | OFFLINE | | | OFFLINE | 14.78 |
| 10 | DOWN BATCH 01 (senior) | N/A | N/A | UP | 3.50 | 11.28 | 10 | 21.28 | OFFLINE | | | OFFLINE | 3.50 |
| 11 | 0.00 | N/A | N/A | 10.00 | 4.78 | 11.28 | 10 | 21.28 | 0.00 | | | 10.00 | 4.78 |

*Table 38 Adjudication Definitions*

| Item | Description |
|---|---|
| PNET | PharmaNet |
| ADJ 1 | Third-party Adjudicator #1 |
| ADJ 2 | Third-party Adjudicator #2 |
| PAPER | Electronic Collection or Paper Submission by Pharmacy |
| N/A | Client does NOT have a Third-Party Adjudicator |
| ****** | Submitted Zero Dollars (100% federally insured) |
| 0.00 | Accepted Amount |
| DOWN | Third-party Adjudicator not responding |
| UP | Third-party Adjudicator available |
| DOWN BATCH 01 | Transaction Batched & Transmitted to PharmaNet as a Pay Provider Claim |
| DOWN BATCH 04 | Transaction Batched & Transmitted to PharmaNet as a Pay Cardholder Claim |

**Note(s):** The ‘DE’ intervention code may be used in place of submitting zeroes in the drug cost and dispensing fee fields.

### 4.7.5 Filling Multiple Prescriptions

This refers to the scenario of filling multiple prescriptions for the same patient in the same fill session.

*Table 39 Accepted Methods for Filling Multiple Prescriptions*

| Accepted Methods of Filling Multiple, Consecutive Prescriptions for Same Patient | | |
|---|---|---|
| Method 1 | First Prescription | TAC/TDU/TRP or TAC/TDU/TRR or TAC/TDU/TRS |
| | Second Prescription | TAC/TDU |
| | Third Prescription | TAC/TDU |
| Method 2 | View Profile | TRP or TRR or TRS |
| | First Prescription | TAC/TDU |
| | Second Prescription | TAC/TDU |
| | Third Prescription | TAC/TDU |

*Table 40 Unaccepted Methods for Filling Multiple Prescriptions*

| Unaccepted Methods of Filling Multiple, Consecutive Prescriptions for Same Patient | | |
|---|---|---|
| Method 3 | First Prescription | TAC/TDU/TRP or TAC/TDU/TRR or TAC/TDU/TRS |
| | Second Prescription | TAC/TDU/TRP or TAC/TDU/TRR or TAC/TDU/TRS |
| | Third Prescription | TAC/TDU/TRP or TAC/TDU/TRR or TAC/TDU/TRS |

**Note(s):** Access to patient medical history is logged in PharmaNet; and documented by the Ministry, when printed in the patient access report.

### 4.7.6 TAC/TDU – Reverse Dispense

Reversing a dispense will modify the original dispense on the patient's medication history and claims history records to a status of reversed and will automatically cause a billing correction.

The most recent PharmaCare claim matching the information criteria will be reversed.

Pharmacists may choose not to dispense a prescription (e.g., drug-to-drug interaction, suspicion of multi-doctoring).

*Table 41 TAC/TDU (Reverse Dispense) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx24.1 | **Reversed Dispense Confirmation**<br>Prior to reversing the local dispensed record, the POS application must wait for a successful response indicating the dispense has been reversed in PharmaNet and any third-party insurers. | X | X | X | M | M |
| PNetTx24.2 | **Reversal Dates**<br>A reversal requires both the Provider Transaction Date (ZCB) and the Adjudication Date (ZCE) be part of the input message to PharmaNet.<br>Both dates must be the same as the original transaction.<br>**Note(s):** These are normally the same, but if PharmaNet is not available when a transaction is processed, it is possible for the offline processing to occur the following day, creating a different Adjudication Date than the Provider Transaction Date.<br>The following example should cover all cases:<br>Day 1:<br>• Dispense the prescription with the Provider Transaction Date set to Day 1.<br>• However, as the network is not available, the prescription is dispensed but the transaction is not sent.<br>Day 2:<br>• The transaction is sent to the network. | X | X | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| | • In the message returned from the network the ZCB will have the Provider Transaction Date set to Day 1.<br>• The ZCE segment will have the Adjudication Date set to Day 2.<br>Day 3:<br>• The Pharmacist reverses the transaction.<br>• On input, the ZCB has a Provider Transaction Date set to Day 1 and the ZCE has the Adjudication Date set to Day 2.<br>• The output from PharmaNet will have the ZCB Provider Transaction Date set to Day 1 and the ZCE Adjudication Date set to Day 3.<br>In this example, the Provider Transaction Date will always be Day 1 because that is the day the prescription was dispensed.<br>The original Adjudication took place on Day 2.<br>The reversal on Day 3 reverses the adjudication that occurred on Day 2.<br>The output from the reversal has an adjudication date of Day 3 because that is the day that the reversal occurred. | | | | | |
| PNetTx24.3 | **Reversing Dispensed Prescriptions**<br>The application must provide the ability to reverse an original and/or current dispensed prescription using one or more of the appropriate Intervention & Exception Codes.<br>**Note(s):** Refer to the BC PharmaNet Terminology Worksheet for additional information. | X | X | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx24.4 | **Mandatory Display for TAC/TDU (Reverse Dispense)**<br>All fields identified in Table 42 TAC/TDU (Reverse Dispense) – Mandatory Display Standards must be displayed in the POS application after submitting the transaction to PharmaNet.<br>**Note(s):** Display of additional fields returned from PharmaNet is optional (see Volume 4C: Technical Supplement – PharmaNet Message Specifications). | X | X | X | M | M |

## TAC/TDU (Reverse Dispense) – Mandatory Display Standards

*Table 42 TAC/TDU (Reverse Dispense) – Mandatory Display Standards*

| Information Fields | Source |
|---|---|
| Response Message Status | ZCE, ZZZ |

## 4.8 TDU – Drug Utilization Evaluation (DUE) Inquiry

DUE checking is performed by PharmaNet through submission of the TDU or TMU transactions.

DUE functions are only performed on valid DINs. DUE will not be performed on provider defined PINs, which are PharmaCare entries. Dispense details for DUE responses are returned in reverse chronological order by expiry date. PharmaNet calculates the expiry date by adding the Days Supply to the Dispensing Date. Compliance (too-soon, too-late) checking is not performed on a TDU Inquiry.

The following terms are used in this section:

- Local DUE: DUE checking is performed by the POS system only.
- PharmaNet DUE: DUE checking is performed by PharmaNet only.

*Table 43 TDU (DUE Inquiry) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx25.1 | **Review and Correct Calculated Days**<br>If the Days Supply field is used, the user must have the ability to review the calculated Days Supply and correct it (e.g., change the value or the number of doses) prior to sending to PharmaNet. | M | M | X | M | M |
| PNetTx25.2 | **Quantity Entry**<br>If the Quantity field is used, then Days Supply must be entered to enable dosage range checking; and the Days Supply must be greater than zero. | M | M | X | M | M |
| PNetTx25.3 | **Mandatory Display for TDU (DUE Inquiry)**<br>All fields identified in Table 44 TDU (DUE Inquiry) – Mandatory Display Standards must be displayed in the POS application after submitting the transaction to PharmaNet.<br>**Note(s):** Display of additional fields returned from PharmaNet is optional (see Volume 4C: Technical Supplement – PharmaNet Message Specifications). | M | M | X | M | M |

## TDU (DUE Inquiry) – Mandatory Display Standards

*Table 44 TDU (DUE Inquiry) – Mandatory Display Standards*

| Information Fields | Source |
|---|---|
| PHN | ZCC |
| Interaction Advisory Source Reference (e.g., First Data Bank) | ZPE |
| Interaction Advisory Code | ZPE |
| Interaction Advisory Severity Level | ZPE |
| Interaction Advisory Text | ZPE |
| DUE Response Status | ZPE |
| DIN/PIN | ZPB3 Block 1 |
| Generic Name/Manufacturer | ZPB3 Block 1 |
| Same Store Indicator | ZPB3 Block 1 |
| Quantity | ZPB3 Block 1 |
| Maximum Daily Dose | ZPB3 Block 1 |
| Dispense Status (i.e., Rx Status field) | ZPB3 Block 1 |
| Date Dispensed | ZPB3 Block 1 |
| Intervention Code | ZPB3 Block 1 |
| Practitioner ID Reference | ZPB3 Block 1 |
| Practitioner ID | ZPB3 Block 1 |
| Directions | ZPB3 Block 1 |
| DIN/PIN | ZPB3 Block 2 |
| Generic Name/Manufacturer | ZPB3 Block 2 |
| Same Store Indicator | ZPB3 Block 2 |
| Quantity | ZPB3 Block 2 |
| Maximum Daily Dose | ZPB3 Block 2 |
| Dispense Status (i.e., Rx Status field) | ZPB3 Block 2 |
| Date Dispensed | ZPB3 Block 2 |
| Intervention Code | ZPB3 Block 2 |
| Practitioner ID Reference | ZPB3 Block 2 |
| Practitioner ID | ZPB3 Block 2 |
| Drug Discontinuation Date | ZPB3 Block 2 |
| Drug Discontinuation Source | ZPB3 Block 2 |
| Directions | ZPB3 Block 2 |
| PharmaNet Participant Message | ZPI |
| Response Message Status | ZZZ |

**Note(s):**

1. The ZPB3 Block 1 references a new drug filled.

    a. The related information for this drug may be displayed once at the top of the screen while scrolling through all the DUE messages; or with each DUE message.

2. The ZPB3 Block 2 references a historical drug which was previously filled.

3. The following are examples of ZPE outputs for:

    a. Drug-to-Drug Interactions (ME):

ZPE|04/027.00|DR/DR|2|SLT ANTICOAGULANTS (VIT K ANTAG)/ASPIRIN(>81MG); SALICYLATES:AVD INF:TCIR|ME|

ZPB3^1918354^WARFARIN SODIUM^Y^210^3000^^^F^20180507^^91^04413^^^^TAKE 1 DAILY^^^~

ZPB3^2010526^ACETYLSALICYLIC ACID^Y^140^2000^^^F^20180507^^91^04413^^11111111^^TAKE 1 DAILY^^^

    b. Drug-to-Prior Adverse Reactions (MM):

ZPE||DPADR||Grp All to RAMIPRIL DIN 02247917 on 2019/02/01 by PA|MM|

ZPB3^2019884^ENALAPRIL MALEATE^Y^^^^^N^20190204^^^^^^^^^^~ZPB3^^^^^^^^^^^^^^^^^^

    c. Min/Max Dosages (MJ or MK):

ZPE||MIN/MAX||Minimum recommended daily dose is .500|MK|

ZPB3^2019884^ENALAPRIL MALEATE^Y^^^^^N^20190204^^^^^^^^^^~ZPB3^^^^^^^^^^^^^^^^^^

## 4.9 TDU/TMU – Drug Use Evaluation Update & Medication Update

The rules in this section apply to both TDU (Drug Use Evaluation Updates) and TMU (Medication Updates) transactions. These transactions allow providers to update the patient's medication profile (e.g., acute care medication dispenses; medication samples); and have identical functionality.

The TMU is a standalone transaction used to update a patient's medication history without sending an accompanying claim.

### 4.9.1 Drug Utilization Evaluation (DUE)

DUE functions are only performed on DINs, not on PINs.

*Table 45 TDU/TMU DUE & Medication Updates – Application Enforced Rules*

<table>
<tr><th>#</th><th>Rule</th><th>EMR</th><th>HA-BPMH</th><th>HA-Viewer</th><th>MDS</th><th>Pharmacy</th></tr>
<tr><td>PNetTx26.1</td><td>Warning Message Acknowledgement<br>Users must acknowledge the receipt of the warning messages after the last message has been displayed and prior to leaving the display.</td><td>M</td><td>M</td><td>X</td><td>X</td><td>M</td></tr>
<tr><td>PNetTx26.2</td><td>Order of DUE Messages<br>The DUE messages must be displayed in the order returned by PharmaNet.<br>The order is as follows:
<table>
<tr><th>Type</th><th>Encounters (Max)</th></tr>
<tr><td>Drug-to-Drug Interactions (ME)</td><td>10</td></tr>
<tr><td>Drug-to-Prior Adverse Reactions (MM)</td><td>5</td></tr>
<tr><td>Min/Max Dosages (MJ or MK)</td><td>1</td></tr>
<tr><td>Duplicate Ingredient/Therapy (MX)</td><td>10</td></tr>
<tr><td>Too Soon/Too Late – Compliance (D7 or DE)</td><td>1</td></tr>
</table>
Note(s):<br>1. Dispensing details for DUE messages are returned in reverse chronological order by expiry date.<br>2. PharmaNet calculates the expiry date by adding the Days Supply to the Dispensing Date.</td><td>M</td><td>M</td><td>X</td><td>X</td><td>M</td></tr>
</table>

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx26.3 | **DUE Message Display and Acknowledgement**<br>All DUE messages must be displayed and acknowledged through a deliberate action of the user. | M | M | X | X | M |
| PNetTx26.4 | **DUE Message Review**<br>DUE messages must be reviewed prior to being stored in the POS application. | M | M | X | X | M |
| PNetTx26.5 | **DUE Message Filtering**<br>DUE messages must be fully displayed prior to the POS application providing any filtering capability.<br>Permissible filters are:<br>a. Drug to Drug Interactions<br>b. Drug to Prior Drug Adverse Reactions<br>c. Dosage Range Checks (Min/Max) | O | O | X | X | O |

### 4.9.2 Drug-to-Drug Interaction

PharmaNet drug-to-drug interaction module (DDIM) returns:

- Severity Levels
- Clinical Effect Codes
- Drug-Drug Interaction Reference Category Indicators

### 4.9.3 Drug-to-Prior Adverse Reaction

The GCN Sequence Number of the current medication is compared to the GCN Sequence Numbers of the drugs known to cause a patient's adverse reactions. If a match exists, a DUE response code of 'MM' (Prior Adverse Reaction on Record) is returned to the POS application.

The following Prior Adverse Reaction (PRADR) type codes are returned in DUE messages:

| DUE Check Result | Type of Adverse Reaction | Type Code | Severity |
|---|---|---|---|
| Match on AGCSP code | Allergy at allergy group level | Grp All | 1 |
| Match on HIC4 and allergy group data (AGCCS) exists | Ingredient allergy reaction | Ing All | 2 |
| No match on HIC4 and match on AGCCS code | Cross sensitivity at allergy group level | Grp Xsen | 3 |
| Match on HIC4 and no allergy group data match | Ingredient adverse reaction | Adverse | 4 |

*Table 46 DUE (Drug-to-Prior Adverse Reaction) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx27.1 | **Adverse Reaction Display**<br>The following must be displayed for a recorded adverse reaction:<br>a. the response code;<br>b. the DIN/PIN previously recorded as having created an adverse reaction for the PHN; and<br>c. an advisory message.<br>**Note(s):** This may be translated by the POS application. | M | M | X | X | M |

### 4.9.4 Min/Max Checking

Dose range checking is performed to ensure that the prescribed dose is neither too high nor too low. If the maximum daily dose is too high, PharmaNet processing continues, and the DUE response status 'MJ' (Dose Appears High) is returned.

If the maximum daily dose is too low, PharmaNet processing continues, and the DUE response status of 'MK' (Dose Appears Low) is returned.

### 4.9.5 Duplicate Ingredient / Therapy

**Duplicate Ingredient**

The duplicate ingredient checking is performed only on new prescriptions for ingredient specific overlap of medications. It checks the new medications being dispensed at the ingredient(s) level against the ingredient(s) in the 'active' drugs on the patient record.

If a DUE encounter is found, a DUE response status of 'MX' (Duplicate Therapy) is returned. A maximum of 10 encounters will be returned. If a match is found for duplicate ingredient checking, no duplicate therapy checking will be performed.

**Duplicate Therapy**

The duplicate therapy checking is performed only on new prescriptions for therapeutic overlap of medications and only if there were no duplicate ingredients found. It checks the therapeutic class code for the new medication being dispensed against the therapeutic class codes for all 'active' (based on the calculated expiry date) drugs on the patient record.

If a DUE encounter is found, a DUE response status of 'MX' (Duplicate Therapy) is returned. A maximum of 10 encounters will be returned.

### 4.9.6 Refill Too Soon / Too Late (Compliance)

Compliance checking is done for refills or part refills (as indicated by a refill indicator value of 'R' or 'Q' respectively).

The Date of Service of the current medication is checked against the Expiry Date of the most recent historical medication with the same GCN Sequence Number to see if the refill is being dispensed 'Too Soon or Too Late' and if:

- the Dispensing Date is less than the Too Soon Date minus a tolerance, a DUE response status of 'D7' (Refill Too Soon) is returned;
- a current claim is submitted more than 14 days before the expiry of the days' supply of such a previous claim, PharmaNet automatically adjudicates the claim to zero and the CPhA "CL – Exceeds Good Faith Limit" is returned; or
- the Dispensing Date is greater than the Too Late Date plus a tolerance, a DUE response status of 'DE' (Fill / Refill – Non-compliant) is returned.

### 4.9.7 TDU/TMU – Medication Update

This transaction is used to update a PharmaNet medication profile with the dispense of a sample medication or over the counter health product.

| | |
|---|---|
| Medical practice | In a medical practice, a TMU is intended for recording in PharmaNet any dispense of medication to the patient from the physician.<br>This information is required for the patient's best possible medication history. |
| Pharmacy | In a pharmacy, a TMU is intended for recording in PharmaNet any dispense of medication that the pharmacist sees as pertinent to the patient's medication history and is not adjudicated. |
| Hospital | In a hospital, a TMU is intended for recording in PharmaNet any dispense of medication that occurs during an in-patient stay that the clinician sees as pertinent to the patients' provincial medication history and is included in the patient's Medication Reconciliation report at patient discharge from in-patient care.<br>At the discretion of the physician, during a long-term in-patient stay a dispense may be sent to PharmaNet at the time the medication is prescribed and dispensed, rather than at discharge. |

*Table 47 TDU/TMU (Medication Update) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx28.1 | **Days Supply Field**<br>Each medication update must include the Days Supply field in the ZCD segment.<br>This may be achieved by either the:<br>a. user directly entering the days supply; or<br>b. POS application calculating the days supply when the Directions are entered as a SIG code.<br>If the value is calculated, the provider must have the ability to review the value and correct it (e.g., change the value or the number of doses) prior to sending to PharmaNet. | M | M | X | M | M |
| PNetTx28.2 | **Default Days Supply**<br>Days Supply must not default to a value. | M | M | X | M | M |
| PNetTx28.3 | **DUE Message Retention**<br>The POS application must be able to retain PharmaNet DUE messages for later review by the provider.<br>DUE messages may be stored on the local system after review by the provider.<br>The messages returned must be reviewed first before storage.<br>The only fields that are permitted to be stored include (from the ZPE):<br>a. Interaction Advisory Source Reference (e.g., First Data Bank)<br>b. Interaction Advisory Code<br>c. Interaction Advisory Severity Level<br>d. Interaction Advisory Text<br>e. DUE Response Status<br>**Note(s):** Temporary storage accommodates review by the pharmacist. | M | M | X | X | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx28.4 | **Unique Local Original Dispense Numbers (TMU)**<br>Each dispense must be assigned a Local Original Dispense Number (i.e., Original Prescription Number field in the ZCD segment) which is unique within the POS. | M | M | X | M | M |
| PNetTx28.5 | **No Changes to Transmitted Dispenses**<br>The POS application must not permit changes to dispenses previously submitted to PharmaNet.<br>**Note(s):** Dispense corrections may be made by reversing the dispense. | M | M | X | M | M |
| PNetTx28.6 | **PharmaCare PINs**<br>The label, receipt and POS application must record the PharmaCare PINs, regardless of what PINs are used to identify non-pharmaceutical products. | M | M | X | M | M |
| PNetTx28.7 | **Mandatory Display for TDU/TMU (Drug Utilization)**<br>All fields identified in Table 49 TDU/TMU (Drug Utilization) – Mandatory Display Standards must be displayed in the POS application after submitting the transaction to PharmaNet.<br>**Note(s):** Display of additional fields returned from PharmaNet is optional (see Volume 4C: Technical Supplement – PharmaNet Message Specifications). | M | M | X | M | M |

*Table 48 TMU (Medication Update) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx29.1 | **Pharmacist ID (ZCD Segment)**<br>The Pharmacist ID in the ZCD segment must be recorded for the following access types as follows:<br>a. EMR = "EMRMD"<br>b. HA-BPMH = "HABPMH"<br>c. MDS = "MDSUP" | M | M | X | M | X |
| PNetTx29.2 | **Medication Updates (v70)**<br>All medication updates made at a medical clinic, hospital, or pharmacy (e.g., sample medications, trial medications, medication orders, over the counter medications) must be transmitted to PharmaNet.<br>A medication update will not be accepted unless the following are included in the ZCD segment:<br>a. New/Refill Code (must default to 'New');<br>b. Current Rx Number (i.e., from local system);<br>c. DIN/PIN (must be for the product provided);<br>d. Quantity;<br>e. Days Supply;<br>f. Prescriber ID Ref;<br>g. Prescriber ID;<br>h. Intervention & Exception (for valid duplicate prescriptions);<br>i. Drug Cost/Product Value (must default to $0);<br>j. Cost Upcharge (must default to $0);<br>k. Professional Fee (must default to $0);<br>l. Pharmacist ID; and<br>m. PharmaNet Prescription ID (optional) – if used, this should be included by the POS application. | M | M | X | X | M |

## TDU/TMU (Drug Utilization) – Mandatory Display Standards

TDU/TMU Mandatory Display standards apply to all dispenses, reversals, and refusal to fills.

*Table 49 TDU/TMU (Drug Utilization) – Mandatory Display Standards*

| Information Fields | Source |
|---|---|
| PHN | ZCC |
| Interaction Advisory Source Reference (e.g., First Data Bank) | ZPE |
| Interaction Advisory Code | ZPE |
| Interaction Advisory Severity Level | ZPE |
| Interaction Advisory Text | ZPE |
| DUE Response Status | ZPE |
| DIN/PIN (original medication) | ZPB3 Block 1 |
| Generic Name/Manufacturer | ZPB3 Block 1 |
| Same Store Indicator | ZPB3 Block 1 |
| Quantity | ZPB3 Block 1 |
| Maximum Daily Dose | ZPB3 Block 1 |
| Dispense Status (i.e., Rx Status field) | ZPB3 Block 1 |
| Date Dispensed | ZPB3 Block 1 |
| Intervention Code | ZPB3 Block 1 |
| Practitioner ID Reference | ZPB3 Block 1 |
| Practitioner ID | ZPB3 Block 1 |
| Directions | ZPB3 Block 1 |
| DIN/PIN (interacting drug) | ZPB3 Block 2 |
| Generic Name/Manufacturer (omit for medical practice) | ZPB3 Block 2 |
| Same Store Indicator | ZPB3 Block 2 |
| Quantity | ZPB3 Block 2 |
| Maximum Daily Dose | ZPB3 Block 2 |
| Dispense Status (i.e., Rx Status field) | ZPB3 Block 2 |
| Date Dispensed | ZPB3 Block 2 |
| Intervention Code | ZPB3 Block 2 |
| Practitioner ID Reference | ZPB3 Block 2 |
| Practitioner ID | ZPB3 Block 2 |
| Drug Discontinuation Date | ZPB3 Block 2 |
| Drug Discontinuation Source | ZPB3 Block 2 |
| Directions | ZPB3 Block 2 |
| PharmaNet Participant Message | ZPI |
| Response Message Status | ZZZ |

## 4.10 TMU – Medication Update Reversal

The TMU (Medication Update Reversal) transaction is used to correct medication update errors.

*Table 50 TMU (Medication Update Reversal) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx30.1 | **Provider Transaction Date**<br>The Provider Transaction Date must match the original date of service. | M | M | X | X | M |
| PNetTx30.2 | **Reversing an Update**<br>A reverse of a medication update in the POS application must automatically reverse in PharmaNet.<br>The POS must not reverse the local record until a successful response is received from PharmaNet.<br>If PharmaNet is unavailable, the POS application must notify the user and wait until PharmaNet is available to complete the reversal. | M | M | X | X | M |
| PNetTx30.3 | **Mandatory Display for TMU (Medication Update Reversal)**<br>All fields identified in Table 51 TMU (Medication Update Reversal) – Mandatory Display Standards must be displayed in the POS application after submitting the transaction to PharmaNet.<br>**Note(s):** Display of additional fields returned from PharmaNet is optional (see Volume 4C: Technical Supplement – PharmaNet Message Specifications). | M | M | X | X | M |

### TMU (Medication Update Reversal) – Mandatory Display Standards

*Table 51 TMU (Medication Update Reversal) – Mandatory Display Standards*

| Information Fields | Source |
|---|---|
| PharmaNet Participant Message | ZPI |
| Response Message Status | ZZZ |

## 4.11 TCP – Patient Protective Word Maintenance

This transaction adds or updates the patient protective word.

**Note(s):**

1. Only a pharmacist can add a patient protective word as stipulated by the BC Pharmaceutical Services Act.

2. To remove a patient protective word, call the PharmaNet Help Desk.

*Table 52 TCP (Patient Protective Word Maintenance) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx31.1 | **Mandatory Display for TCP (Patient Protective Word Maintenance)**<br>All fields identified in Table 53 TCP (Patient Protective Word Maintenance) – Mandatory Display Standards must be displayed in the POS application after submitting the transaction to PharmaNet.<br>**Note(s):** Display of additional fields returned from PharmaNet is optional (see Volume 4C: Technical Supplement – PharmaNet Message Specifications). | X | X | X | X | M |

### TCP (Patient Protective Word Maintenance) – Mandatory Display Standards

*Table 53 TCP (Patient Protective Word Maintenance) – Mandatory Display Standards*

| Information Fields | Source |
|---|---|
| PharmaNet Participant Message | ZPI |
| Response Message Status | ZZZ |

## 4.12 TDR – Drug Monograph Information

This transaction will access detailed information about a drug.

PharmaNet monographs can be requested by issuing a single DIN or a pair of DINs using "ADIMONOG" in the Information Type code field of the ZPC1 segment.

*Table 54 TDR (Drug Monograph Information) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx32.1 | **Drug Monograph Retrieval**<br>The POS application must support drug monograph retrieval from PharmaNet using:<br>a. a single DIN or pair of DINs; and<br>b. an Information Type code such as:<br>i. ADIMONOG (i.e., Adverse Drug Interaction Monograph)<br>ii. CNSLPROF (i.e., Counseling Message Professional)<br>iii. CNSLPTNT (i.e., Counseling Message Patient)<br>iv. EDUCLONG (i.e., Patient Education Long)<br>**Note(s)**: Refer to the BC PharmaNet Terminology Worksheet for additional information (e.g., Information Type codes). | M | M | X | X | M |
| PNetTx32.2 | **No Changes to Drug Monographs**<br>The POS application must not permit changes to the drug monographs. | M | M | X | X | M |
| PNetTx32.3 | **Present All Requested Drug Monographs**<br>All requested drug monographs must be presented to the user.<br>This includes those with and those without generic equivalents. | M | M | X | X | M |
| PNetTx32.4 | **Print Drug Monographs**<br>The POS application must provide functionality to print drug monographs. | M | M | X | X | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx32.5 | **Single DIN Entry Drug-to-Drug Alert**<br>If a single DIN is used to retrieve PharmaNet drug-to-drug interaction, the POS application must alert the user that a single DIN will return an extensive list of interactions that may not be useful.<br>**Note(s):**<br>1. The POS application may advise the user to use the pair DIN search method.<br>2. If a local drug information system is implemented, this rule does not apply. | O | O | X | X | O |
| PNetTx32.6 | **Mandatory Display for TDR (Drug Monograph)**<br>All fields identified in Table 55 TDR (Drug Monograph Information) – Mandatory Display Standards must be displayed in the POS application after submitting the transaction to PharmaNet.<br>**Note(s):** Display of additional fields returned from PharmaNet is optional (see Volume 4C: Technical Supplement – PharmaNet Message Specifications). | M | M | X | X | M |

## TDR (Drug Monograph Information) – Mandatory Display Standards

*Table 55 TDR (Drug Monograph Information) – Mandatory Display Standards*

| Information Fields | Source |
|---|---|
| DIN/PIN | ZPD |
| Generic Name/Manufacturer | ZPD |
| Dosage Form | ZPD |
| Drug Strength Description | ZPD |
| Long Drug Manufacturer Name | ZPD |
| Therapeutic Class (optional) | ZPD |
| Generic Equivalent:<br>DIN/PIN<br>Drug Brand Name | ZPD1 |
| Information Text | ZPD3 |
| Response Message Status | ZZZ |

## 4.13 TDT – Daily Totals Inquiry/Adjudication Reconciliation

This function provides the pharmacy with information regarding dispensing claim submissions.

There are four different transactions available:

- **TDT-30** – Daily Totals provides total number of claims, same day reversals, and prior day reversals for a particular adjudication date.
- **TDT-31** – Claim Details provides a list of claims processed for a particular day as well as the amount paid by PharmaCare for each of them.
- **TDT-32** – Same Day Reversals provides a list of claims that were reversed on the same day for a particular day, as well as the dollar amount of each reversed claim.
- **TDT-33** – Prior Day Reversals provides a list of claims that were reversed from a previous day, as well as the dollar amount of each reversed claim.

*Table 56 TDT (Daily Totals Inquiry/Adjudication Reconciliation) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx33.1 | **Reconciliation of Receivables and PharmaCare Claims**<br>The POS application must provide daily reconciliation of receivables and PharmaCare claims.<br>**Note(s):**<br>1. Regardless of the values entered in the Beginning and End of Record fields, the CPhA Standards state that detail records will be returned in groups with a maximum of fourteen (14) dispenses per transaction.<br>2. Additional dispenses may be processed by submitting more than one TDT transaction.<br>3. This may be done by changing the Beginning of Record field to the last current local prescription already received and submitting the transaction again.<br>4. This procedure may be repeated until a dispense matching the End of Record field is returned. | X | X | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| | 5. The first transaction with this input will return fourteen (14) dispenses, from 001001256 through 001001269.<br>6. Changing the Beginning of Record field to 00100269 and submitting a second transaction will result in the remaining five (5) dispenses, 001001270 to 001001274, being returned.<br>7. Assigning unique dispense identifiers once to each dispense ensures all dispenses are returned when a detail request is made.<br>8. If an identifier is reused some dispenses may not be included in the results of a TDT detail transaction. | | | | | |
| PNetTx33.2 | **Include All Results**<br>The transaction must be submitted using a Beginning of Record of 000000000 and an End of Record of 999999999 to ensure that all claims, refills and/or reversals for the given day are included in the results.<br>**Note(s):**<br>1. If local identifiers are entered in the Beginning of Record and End of Record fields, all dispenses for that day within that range or the first fourteen (14) will be returned, whichever occurs first.<br>2. This means the claim will show up on a TDT31 and the reversal will show up on a TDT32 or TDT33. | X | X | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx33.3 | **Mandatory Display for TDT (Daily Totals Inquiry/Adjudication Reconciliation)**<br>All fields identified in the following tables must be displayed in the POS application after submitting the associated transaction to PharmaNet:<br>a. Table 57 TDT-30 (Adjudication Reconciliation) – Mandatory Display Standards<br>b. Table 58 TDT-31/32/33 (Adjudication Reconciliation) – Mandatory Display Standards<br>**Note(s):**<br>1. The format for displaying or reporting information returned by the four TDT transactions is provided by the POS application.<br>2. All necessary fields to enable reconciliation of daily transactions should be provided.<br>3. Display of additional fields returned from PharmaNet is optional (see Volume 4C: Technical Supplement – PharmaNet Message Specifications). | X | X | X | M | M |

## TDT (Adjudication Reconciliation) – Mandatory Display Standards

*Table 57 TDT-30 (Adjudication Reconciliation) – Mandatory Display Standards*

| Information Fields | Source |
|---|---|
| Adjudication Date | ZCG |
| Trace Number | ZCG |
| Transaction Code | ZCG |
| CPhA Response Status | ZCG |
| Response Codes | ZCG |
| Total Claims Approved | ZCG |
| Total Payable by Carrier | ZCG |
| Total Reversals | ZCG |
| Total Value of Reversals | ZCG |
| Total Prior Reversals | ZCG |
| Total Value of Prior Reversals | ZCG |
| Date of Deposits | ZCG |
| Amount of Deposit | ZCG |
| Response Message Status | ZZZ |

*Table 58 TDT-31/32/33 (Adjudication Reconciliation) – Mandatory Display Standards*

| Information Fields | Source |
|---|---|
| Adjudication Date | ZCH |
| Trace Number | ZCH |
| Transaction Code | ZCH |
| CPhA Response Status | ZCH |
| Response Codes | ZCH |
| Number of Detail Records | ZCH |
| Current Rx Number | ZCH |
| Amount Payable/Reversed | ZCH |
| Response Message Status | ZZZ |

## 4.14 TPI – Patient Medication Profile Information Update

A patient medication profile information update transaction is used to add or change profile information on the patient's record.

TPI transactions are clinical transactions; they are not claim transactions.

The TPI transaction can be used to add each of the following to a patient's PharmaNet profile:

- clinical condition;
- adverse drug reaction; and
- medication comment.

**Note(s):**

1. Discontinuation of medication functionality is separate from claims.
2. Comments may be included to provide a rationale for the discontinuation.

*Table 59 TPI (Patient Medication Profile Information Update) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx34.1 | **Clinical Condition (ZPB1) without a Comment**<br>The user must have the ability to submit clinical conditions to PharmaNet.<br>The following fields must be entered for a clinical condition without a comment:<br>a. Clinical Condition (i.e., "Patient Condition" field);<br>b. Chronic Indicator (i.e., "Patient Condition Chronic" field);<br>c. Reported by Code; and<br>d. Date Reported. | M | M | X | M | M |
| PNetTx34.2 | **Clinical Condition (ZPB1) with a Comment**<br>The user must have the ability to submit clinical conditions to PharmaNet.<br>The following fields must be submitted for a clinical condition with a comment:<br>a. Clinical Condition (i.e., "Patient Condition" field);<br>b. Chronic Indicator (i.e., "Patient Condition Chronic" field);<br>c. Reported by Code;<br>d. Date Reported;<br>e. Clinical Condition Comment Text<br>f. Practitioner ID Reference;<br>g. Practitioner ID; and<br>h. Date Entered. | M | M | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx34.3 | **Removing Comment Text from Submitted Clinical Condition**<br>If the TPI transaction is re-submitted after the user locally deletes Clinical Condition Comment Text which was previously submitted to PharmaNet, the message must contain the exact same contents (see PNetTx34.2) except the Clinical Condition Comment Text must be "Comment removed by user."<br>**Note(s):**<br>1. If the POS application allows this functionality this rule must be met.<br>2. Clinical Condition Comment Text is optional.<br>3. PharmaNet returns every recorded Clinical Condition (with or without Clinical Condition Comment Text).<br>4. The POS application cannot inactivate Clinical Condition Comment Text in PharmaNet; this can only be done by the PharmaNet Data Integrity Team via Ministry form. | O | O | X | O | O |
| PNetTx34.4 | **Transmit Adverse Drug Reactions (ZPB2)**<br>The user must have the ability to transmit adverse drug reactions and associated information captured in the POS application to PharmaNet. | M | M | X | M | M |
| PNetTx34.5 | **Adverse Drug Reaction (ZPB2) Entry**<br>The following fields must be entered for an adverse drug reaction:<br>a. DIN,<br>b. Date Reported,<br>c. Adverse Drug Reaction Comment Text,<br>d. Date Entered,<br>e. Reported by Code,<br>f. Practitioner ID Reference, and<br>g. Practitioner ID. | M | M | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx34.6 | **Edit Adverse Drug Reaction (ZPB2)**<br>The user must be provided functionality to change or add a comment to an existing adverse drug reaction in PharmaNet.<br>**Note(s):** Only the original Location ID that submitted the adverse drug reaction can edit the adverse drug reaction. | M | M | X | M | M |
| PNetTx34.7 | **Add Dispense Comment**<br>The POS application must permit adding a comment to a specific dispense (i.e., TAC/TDU) already recorded by the same Location ID in PharmaNet with each of the following:<br>a. DIN/PIN (from the original dispense record)<br>b. Date Dispensed (from the original dispense record)<br>c. Comment Text (i.e., the user's comment)<br>d. Practitioner ID Reference (from the original dispense record)<br>e. Practitioner ID (from the original dispense record)<br>f. Date Entered (from the original dispense record)<br>**Note(s):** The dispense comment may be utilized to provide further clarifying details such as:<br>a. extended directions (e.g., medication taper) beyond the allowable 80 characters recorded in PharmaNet; or<br>b. updated dosing information for existing patient stock where the physician has not provided the patient with a new prescription to be recorded in PharmaNet. | M | M | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx34.8 | **Mandatory Display for TPI (Patient Medication Profile Information Update)**<br>All fields identified in Table 60 TPI (Patient Medication Profile Information Update) – Mandatory Display Standards must be displayed in the POS application after submitting the transaction to PharmaNet.<br>**Note(s):** Display of additional fields returned from PharmaNet is optional (see Volume 4C: Technical Supplement – PharmaNet Message Specifications). | M | M | X | M | M |

## TPI (Patient Medication Profile Information Update) – Mandatory Display Standards

*Table 60 TPI (Patient Medication Profile Information Update) – Mandatory Display Standards*

| Information Fields | Source |
|---|---|
| PharmaNet Participant Message | ZPI |
| Response Message Status | ZZZ |

## 4.15 TPM – Profile Mailing Request

This transaction is used to request the patient's PharmaNet profile to be mailed to the patient. This profile includes all dispenses, clinical conditions, and who has accessed the PharmaNet records.

*Table 61 TPM (Profile Mailing Request) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx35.1 | **Confirm Patient Identity for TPM**<br>The POS application must:<br>a. present the following patient information (from the Provincial Client Registry or PharmaNet);<br>i. current name,<br>ii. mailing address, and<br>iii. PHN; and<br>b. prompt the user to validate or update the information prior to submitting the TPM. | M | X | X | X | M |
| PNetTx35.2 | **Mandatory Display for TPM (Profile Mailing Request)**<br>All fields identified in Table 62 TPM (Profile Mailing Request) – Mandatory Display Standards must be displayed in the POS application after submitting the transaction to PharmaNet.<br>**Note(s):** Display of additional fields returned from PharmaNet is optional (see Volume 4C: Technical Supplement – PharmaNet Message Specifications). | M | X | X | X | M |

### TPM (Profile Mailing Request) – Mandatory Display Standards

*Table 62 TPM (Profile Mailing Request) – Mandatory Display Standards*

| Information Fields | Source |
|---|---|
| PharmaNet Participant Message | ZPI |
| Response Message Status | ZZZ |

## 4.16 TIL – Get Location Details

This transaction will return the name, address, and telephone number for a specified POS Location ID.

*Table 63 TIL (Get Location Details) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx36.1 | **Pharmacy Location Details**<br>Users must be able to request additional location details pertaining to the displayed Location ID presented in the data retrieved from PharmaNet.<br>In such cases, the POS application must transmit the TIL transaction specifying the Location ID and the Reason Code on the request.<br>The possible Reason Codes are:<br>a. LA (Get Last Dispensed Information);<br>b. MM (Medication Management/BPMH Query); or<br>c. PQ (Prescriber Query). | M | M | M | X | M |
| PNetTx36.2 | **Mandatory Display for TIL (Get Location Details)**<br>All fields identified in Table 64 TIL (Get Location Details) – Mandatory Display Standards must be displayed in the POS application after submitting the transaction to PharmaNet.<br>**Note(s):**<br>1. These fields can be grouped as follows:<br>a. Dispensing Location Name;<br>b. Dispensing Location Address; and<br>c. Dispensing Location Telephone Number.<br>2. Display of additional fields returned from PharmaNet is optional (see Volume 4C: Technical Supplement – PharmaNet Message Specifications). | M | M | M | X | M |

## TIL (Get Location Details) – Mandatory Display Standards

*Table 64 TIL (Get Location Details) – Mandatory Display Standards*

| Information Fields | Source |
|---|---|
| PharmaNet Location Name | ZPL |
| Address Line 1 | ZPL |
| Address Line 2 | ZPL |
| City or Municipality | ZPL |
| Province Code | ZPL |
| Postal Code | ZPL |
| Country Code | ZPL |
| Telecom Type Code | ZPL |
| Area Code | ZPL |
| Telephone Number | ZPL |
| PharmaNet Participant Message | ZPI |

## 4.17 TRX (X0/X5) – Retrieve Patient Prescription

PharmaNet prescription records may be retrieved for display and processing using this transaction.

*Table 65 TRX X0/X5 (Retrieve Patient Prescription) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx37.1 | **Retrieve Patient Prescription**<br>The user must be able to retrieve a patient prescription using:<br>a. PHN; and<br>b. PHN and Last Update Time Stamp.<br>The following are optional:<br>c. PHN and any combination of the following:<br>i. Adapted Indicator<br>ii. Adaptation Indicator<br>iii. Dispense Indicator<br>iv. Location ID<br>v. PharmaNet Prescription ID<br>vi. Prescriber ID Ref and Prescriber ID<br>vii. Prescription Date<br>viii. Prescription Status (i.e., RX Status Code field)<br>ix. Veterinary Indicator (Pharmacy only)<br>**Note(s):**<br>1. If there are too many prescriptions found (i.e., PharmaNet error response) the user will NOT be able to continue without using additional "optional" search criteria (see PNetTx37.5 Too Many Prescriptions Found).<br>2. PharmaNet will return all prescriptions between the 'Last Update Time Stamp' selected and today's date. | M | M | M | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx37.2 | **Return All Prescriptions**<br>All prescriptions returned by PharmaNet must be made available for viewing by the user at the time of retrieval.<br>If a prescription is selected it must be presented in a detail view. | M | M | M | M | M |
| PNetTx37.3 | **Sorting and/or Filtering Patient Prescriptions**<br>Users must be able to sort and/or filter the displayed patient prescription information.<br>At minimum, each of the following sort or filter criteria must be provided:<br>a. Drug/Device Name (i.e., alphabetical)<br>b. Dispense Information (e.g., Last Dispensed Date of Service)<br>c. PharmaNet Prescription ID<br>d. Prescription Date (both individual date and range)<br>e. Prescription Status (i.e., RX Status Code field)<br>If the profile has been sorted or filtered, the sort or filter must be displayed. | M | M | M | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx37.4 | **Select Prescription for Dispense or Adjustment/Adaptation**<br>The user must be able to select a prescription and either:<br>a. dispense; or<br>b. adjust/adapt.<br>At minimum, the following fields from the prescription must be used for the dispense or adjustment/adaptation:<br>c. Provincial Health Care ID (PHN);<br>d. PharmaNet Prescription ID;<br>e. Practitioner ID; and<br>f. Practitioner ID Reference.<br>**Note(s):**<br>1. Adaptations are optional for EMR and HA-BPMH.<br>2. Adjustments are optional for pharmacy. | M | M | X | M | M |
| PNetTx37.5 | **Too Many Prescriptions Found**<br>If there are too many prescriptions to display, the POS application must either:<br>a. Automatically constrain the search by date; or<br>b. Ask the user to select/enter a date or date range.<br>**Note(s):**<br>1. If the maximum number of prescriptions (i.e., 999) are exceeded, a PharmaNet error response will be returned.<br>2. The exact date must be used if constraining by Prescription Date.<br>3. A date range can be used if constraining by Last Update Timestamp. | M | M | M | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx37.6 | **Prescriptions Entered in Error**<br>The POS application must not display prescriptions with:<br>a. Prescription Status = 'R' (Revoked); and<br>b. Reason Code = 'ER' (Entered in Error) | M | M | M | M | M |
| PNetTx37.7 | **Prescription Renewals**<br>If the PharmaNet Prescription Status is "Complete", the POS application must provide the ability to renew the prescription. | O | O | X | O | O |
| PNetTx37.8 | **Adapted Prescriptions**<br>If the prescription has been adapted (i.e., Adapted Indicator = Y), the POS application must provide the ability to compare the original prescription with the adapted prescription.<br>At minimum, the fields that have changed. | O | O | X | X | O |
| PNetTx37.9 | **Mandatory Display for TRX-X0 (Retrieve Patient Prescription)**<br>All fields identified in Table 66 TRX X0/X5 (Retrieve Patient Prescription) – Mandatory Display Standards must be displayed in the POS application after submitting the transaction to PharmaNet.<br>**Note(s):**<br>1. All of this information does not have to be displayed on a single screen.<br>2. Display of additional fields returned from PharmaNet is optional (see Volume 4C: Technical Supplement – PharmaNet Message Specifications). | M | M | M | M | M |

## TRX X0/X5 (Retrieve Patient Prescription) – Mandatory Display Standards

*Table 66 TRX X0/X5 (Retrieve Patient Prescription) – Mandatory Display Standards*

| Information Fields | Source |
|---|---|
| Provincial Health Care ID (PHN) | ZCC |
| Prescriber ID Reference | ZPX |
| Prescriber ID | ZPX |
| Prescription Status (i.e., RX Status Code field) | ZPX |
| Reason Code (if applicable – i.e., not null) | ZPX |
| Last Update Location ID | ZPX |
| Entered by ID | ZPX |
| Location ID | ZPX |
| PharmaNet Prescription ID | ZPX |
| Original PharmaNet Prescription ID (if applicable) | ZPX |
| Date of Prescription | ZPX |
| Prescription Expiry Date (i.e., RX Expiry Date field) | ZPX |
| Dispense Start Date | ZPX |
| DIN/PIN (if applicable - e.g., do not substitute) | ZPX |
| Drug/Device Name | ZPX |
| Total Quantity | ZPX |
| Total Days Supply | ZPX |
| Refill/Repeat Authorizations (if applicable) | ZPX |
| Quantity Dispensed (if applicable) | ZPX |
| Maximum Dispense Quantity (if applicable) | ZPX |
| Dispense Interval (if applicable) | ZPX |
| Indication Code | ZPX |
| Frequency | ZPX |
| Frequency Code | ZPX |
| Dose | ZPX |
| Dose Units | ZPX |
| Route Code | ZPX |
| Compound Instructions (if applicable) | ZPX |
| Compound Ingredients (if applicable) | ZPX |
| Office Use Indicator (if applicable) | ZPX |
| Device Indicator (if applicable) | ZPX |
| Do Not Substitute Indicator (if applicable) | ZPX |
| Trial Eligibility Indicator (if applicable) | ZPX |
| Compliance Packaging Indicator (if applicable) | ZPX |
| Adapted Indicator (if applicable) | ZPX |
| Adaptation Indicator (if applicable) | ZPX |
| Veterinary Indicator (if applicable) | ZPX |
| Directions (Patient Instructions) | ZPX |

| Information Fields | Source |
|---|---|
| Prescriber Notes | ZPX |
| Folio Number (if applicable) | ZPX |
| Intervention and Exception Codes (if applicable) | ZPX |
| MMI Codes (if applicable) | ZPX |
| Clinical Service Codes (if applicable) | ZPX |
| Last Dispensed Location ID | ZPX |
| Last Dispensed DIN/PIN | ZPX |
| Last Dispensed Date of Service | ZPX |
| Rationale (if applicable) | ZPX |
| Instructions to Patient (if applicable) | ZPX |
| Follow Up Plan (if applicable) | ZPX |
| Last Update Timestamp | ZPX |
| PharmaNet Participant Message | ZPI |

## 4.18 TRX (X1/X6) – Record Prescription

This transaction is used to create and submit an electronic prescription to PharmaNet.

For a Hospital Clinical Information System (HCIS), prescriptions are sent to PharmaNet as part of the patient discharge medication reconciliation process.

At the discretion of the physician, during long-term in-patient stays prescriptions may be sent to PharmaNet at the time they are prescribed, rather than at discharge.

If medications have been dispensed against these prescriptions, the dispense must also be transmitted to PharmaNet.

*Table 67 TRX X1/X6 (Record Prescription) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx38.1 | **Drug Prescriptions (by Prescriber)**<br>Drug prescriptions must include the following in the ZPX segment:<br>a. DUE Indicator<br>b. Prescriber ID Reference<br>c. Prescriber ID<br>d. Local Prescription ID<br>e. Date of Prescription<br>f. Dispense Start Date<br>g. Drug Name (see note)<br>h. Total Quantity<br>i. Total Days Supply<br>j. Refill/Repeat Authorizations<br>k. Maximum Dispense Quantity<br>l. Frequency<br>m. Frequency Code<br>n. Directions (Patient Instructions)<br>o. Indication Code<br>p. Entered by ID (if user is not the prescriber)<br>q. Dose<br>r. Dose Units<br>s. Route Code<br>**Note(s):** The Ministry recommends using the "generic product" also referred to as the non-proprietary therapeutic product (NPTP) from the BC Medication Value Set for Drug Name. | M | M | X | X | X |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx38.2 | **Drug Prescriptions (by Pharmacy)**<br>Drug prescriptions must include the following in the ZPX segment:<br>a. DUE Indicator<br>b. Prescriber ID Reference<br>c. Prescriber ID<br>d. Local Prescription ID<br>e. Date of Prescription<br>f. Dispense Start Date<br>g. Drug Name<br>h. Total Quantity (must be greater than zero)<br>i. Total Days Supply (must be greater than zero)<br>j. Refill/Repeat Authorizations (must be greater than or equal to zero)<br>k. Maximum Dispense Quantity (must be greater than or equal to zero; and may default to Total Quantity)<br>l. Frequency (must be greater than zero; and may default to '99')<br>m. Frequency Code (may default to 'OTHERFREQUENCY')<br>n. Directions (Patient Instructions)<br>o. Indication Code (see note)<br>p. Entered by ID (if user is not the prescriber)<br>q. Dose (see note)<br>r. Dose Units (see note)<br>s. Route Code (see note) | X | X | X | X | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| | **Note(s):** The Indication Code, Dose, Dose Units, and Route Code are only populated for Pharmacy users if:<br>• provided by the prescriber on a paper, faxed or verbal prescription; or<br>• the pharmacist is the prescriber. | | | | | |
| PNetTx38.3 | **Device Prescriptions**<br>Device prescriptions must include the following in the ZPX segment:<br>a. DUE Indicator (Must be equal to 'N')<br>b. Prescriber ID Reference<br>c. Prescriber ID<br>d. Local Prescription ID<br>e. Date of Prescription<br>f. Dispense Start Date<br>g. Device Name<br>h. Total Quantity<br>i. Total Days Supply<br>j. Refill/Repeat Authorizations<br>k. Maximum Dispense Quantity<br>l. Frequency<br>m. Frequency Code (may default to 'OTHERFREQUENCY')<br>n. Device Indicator (Must be equal to 'Y')<br>o. Directions (Patient Instructions) | M | M | X | M | M |
| PNetTx38.4 | **Sample Prescriptions**<br>If prescribing a sample, a TRX-X1 (Record a Prescription) must be submitted and then the sample dispensed against the prescription via the TMU (Medication Update). | M | X | X | X | X |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx38.5 | **Legacy Prescription Refills**<br>During the period of transition to PharmaNet v70 compliance, the POS application can auto-generate a TRX-X1 for legacy prescription refills using:<br>a. the following data elements from the local prescription record:<br>i. Prescriber ID Reference<br>ii. Prescriber ID<br>iii. Local Prescription ID<br>iv. Date of Prescription (must equal the Original Date of Prescription)<br>v. Dispense Start Date (must equal the Original Date of Prescription)<br>vi. DIN/PIN<br>vii. Total Quantity (must equal the remaining quantity)<br>viii. Total Days Supply (must equal the remaining days supply)<br>ix. Refill/Repeat Authorizations (must equal the remaining refills)<br>x. Directions (Patient Instructions)<br>xi. Entered by ID (if user is not the prescriber) – i.e., pharmacist<br>xii. Drug/Device Name<br>xiii. Maximum Dispense Quantity (must be Total Quantity unless local value available – e.g., narcotics)<br>b. the following defaulted values:<br>i. DUE Indicator (must be 'N')<br>ii. MMI Code (must be 'RXM' = Prescription Management) | X | X | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| | iii. Clinical Service Code (must be 'LGCY' = Legacy Prescription Refill)<br>iv. Frequency (must be '99')<br>v. Frequency Code (must be 'V03' – i.e., Legacy Refill Transition to V70)<br>vi. Dose (can be <<blank>>)<br>vii. Dose Units (can be <<blank>>)<br>viii. Route Code (can be <<blank>>)<br>The local prescription record must have a link to the original legacy record. | | | | | |
| PNetTx38.6 | **Local Medication Order Storage**<br>The POS application must locally store the following:<br>a. PHN<br>b. Patient Name (i.e., Surname and First Name)<br>c. Date of Prescription<br>d. Local Prescription ID<br>e. Original PharmaNet Prescription ID<br>f. Current PharmaNet Prescription ID (if applicable)<br>g. Drug/Device Name and/or Ingredients<br>h. DIN (if entered by Prescriber)<br>i. Strength and Dosage Form<br>j. Frequency<br>k. Frequency Code<br>l. Total Quantity<br>m. Total Days Supply (i.e., Intended Duration of Therapy)<br>n. Directions (Patient Instructions)<br>o. Prescriber ID Reference | M | M | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| | p. Prescriber ID<br>q. Practitioner Name (for the Prescriber)<br>r. Refill Authorization (if applicable, including the number of refills and the interval between refills).<br>**Note(s):** Local systems must comply with legal requirements for recording and retaining all information required by applicable bylaws, and legislation. | | | | | |
| PNetTx38.7 | **Drug/Device Name Entry**<br>Drug/Device Name is mandatory if Compound Ingredients are not submitted.<br>If a DIN is selected, the application must add the associated Drug or Device Name in the Drug/Device Name field (ZPX segment).<br>The user must also have the ability to enter free text in the Drug/Device Name field.<br>**Note(s):** A medication value set (e.g., BC Provincial Medication Value Set) is highly recommended by the Ministry. | M | M | X | X | M |
| PNetTx38.8 | **DUE Functionality**<br>The POS application must support either:<br>a. local DUE functionality including prior ADRs from PharmaNet (i.e., DUE Indicator = N); or<br>b. PharmaNet DUE screening (i.e., DUE Indicator = Y).<br>**Note(s):** The Ministry will assess if local DUE functionality is sufficient. | M | M | X | X | M |
| PNetTx38.9 | **DUE Indicator (ZPX)**<br>DUE Indicator must default to 'N' in the ZPX segment unless the user selects to have the DUE returned.<br>If the DUE Indicator is 'Y', then a DIN must be submitted. | M | M | X | X | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx38.10 | **DUE Override**<br>If the user overrides a DUE message and proceeds with the prescription, the POS application must:<br>a. prompt the user for the reason for the override; and<br>b. store the reason for the override with the associated prescription.<br>**Note(s):** This includes both PharmaNet and local DUE screening. | O | O | X | X | O |
| PNetTx38.11 | **Do Not Substitute Indicator Field**<br>The POS application must allow the user to specify a value for the Do Not Substitute Indicator field.<br>If the DIN/PIN is not submitted, the Do Not Substitute Indicator must be 'N' (i.e., allow substitutions).<br>The POS application may default to 'Y' only as a carry-over for subsequent renewals for a patient, but not for all recorded prescriptions associated with a particular medication.<br>**Note(s):** If set to 'Y' this will produce a warning message during the pharmacy dispense if the identified DIN is substituted. | M | M | X | X | M |
| PNetTx38.12 | **Default Transmission**<br>All patient prescriptions (i.e., paper, electronic, verbal) recorded in the POS application must be transmitted to PharmaNet by default with the exception of recording external prescriptions (see PNetTx13.5).<br>**Note(s):** If a prescription (e.g., paper, fax, or verbal) has not already been entered into PharmaNet, it will be recorded using the TRX-X1 by the pharmacist. | M | M | X | M | M |
| PNetTx38.13 | **Unique Local Prescription ID**<br>All prescriptions (e.g., paper, electronic, prescriber samples) must be assigned a Local Original Prescription Number (i.e., Local Prescription ID in the ZPX) which is unique within the POS. | M | M | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx38.14 | **Compound Ingredients**<br>Compound Ingredients are mandatory if Drug/Device Name is not submitted. | M | M | X | X | M |
| PNetTx38.15 | **Date of Prescription**<br>Date of Prescription must be less than or equal to the Provider Transaction Date. | M | M | X | M | M |
| PNetTx38.16 | **Dispense Start Date**<br>The Dispense Start Date for all prescriptions must be:<br>a. greater than or equal to Date of Prescription; and<br>b. less than or equal to the Prescription Expiry Date (if submitted). | M | M | X | M | M |
| PNetTx38.17 | **Default for Total Days Supply**<br>Total Days Supply must not default to a value.<br>**Note(s):** This can be calculated from other prescription parameters. | M | M | X | M | M |
| PNetTx38.18 | **Total Days Supply, Dose and Total Quantity**<br>The POS application must support the transmission of:<br>a. Total Days Supply;<br>b. Dose with two decimal points (e.g., 0.25); and<br>c. Total Quantity with one decimal point.<br>If derived from the Dose, the Total Quantity must be rounded up to the nearest D1 value. | M | M | X | M | M |
| PNetTx38.19 | **Mandatory Display of Decimal Quantity**<br>The POS application must display the decimal quantity prescribed and transmitted to PharmaNet. | M | M | X | M | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx38.20 | **Folio Numbers**<br>Entry of "on behalf of" controlled prescription program prescriptions (i.e., narcotics or control substances) must:<br>a. include a folio number from the Controlled Prescription Program form; and<br>b. submit that folio number to PharmaNet. | X | X | X | X | M |
| PNetTx38.21 | **Approval of Draft Prescriptions**<br>Prescribers (i.e., the most responsible provider) must have the ability to:<br>a. approve prescriptions drafted by support staff (e.g., medical office assistants); and<br>b. send those prescriptions to PharmaNet.<br>**Note(s):** Prescriptions which have been reviewed and approved by the prescriber can be submitted to PharmaNet by support staff. | M | M | X | X | M |
| PNetTx38.22 | **Prescriptions Submitted by Representative**<br>If a TRX-X1 is submitted to PharmaNet on behalf of the authorizing prescriber, then the Entered by ID field must be populated with the user role type (e.g., Pharmacy Technician) of the representative.<br>**Note(s):** Refer to Appendix C: PharmaNet User Role Types. | M | M | X | X | M |
| PNetTx38.23 | **Office Use Medications (for Pharmacy)**<br>A TRX-X1 must be performed before dispensing an Office Use Medication (O-Med). | X | X | X | X | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx38.24 | **Frequency Code for Other or Taper Dose**<br>If a prescription requires either of the following Frequency Codes, then the application must add full directions in the Patient Directions field:<br>a. 'OTHERFREQUENCY' (OTHER FREQUENCY)<br>b. '423846006' (MEDICATION DOSAGE TAPERING) | M | M | X | X | M |
| PNetTx38.25 | **Indication Code**<br>The user must have the option to select an Indication Code from a list to include in the prescription.<br>If an appropriate Indication Code cannot be identified, then the 'OTHERINDICATION' code can be used, and the POS application must prompt the user to enter the indication in the Prescriber Notes field.<br>The indication code can be prepopulated if the POS application associates a prescribed drug to a patient indication/health concerns list.<br>**Note(s):** Refer to the BC PharmaNet Terminology Worksheet for additional information. | M | M | X | O | M |
| PNetTx38.26 | **Prescription Dispense Interval**<br>The POS application must allow the user to add a Dispense Interval for the following prescription types:<br>a. Controlled narcotic prescriptions; or<br>b. Prescriber directed (i.e., physician would like pharmacy to dispense at a particular interval such as daily, or weekly to support compliance). | M | M | X | X | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx38.27 | **Frequency of Dispensing**<br>If the prescription Dispense Interval is less than 2 days:<br>a. the POS application must submit a MMI code of 'FOD' (Frequency of Dispensing); and<br>b. the user must be prompted to select one or more of the appropriate Clinical Service codes (see BC PharmaNet Terminology Worksheet).<br>**Note(s):** Renewals can use a default value. | M | M | X | X | M |
| PNetTx38.28 | **Default MMI and Clinical Service Codes for FOD**<br>A renewal of a chronic medication can default the MMI and CS codes from the previous prescription authorization. | M | M | X | X | M |
| PNetTx38.29 | **Duplicate Prescriptions**<br>If a prescription is identified by PharmaNet as a duplicate of one or more existing prescriptions, the following must be displayed to the user:<br>a. a warning message;<br>b. PharmaNet Prescription ID for the prescription; and<br>c. PharmaNet Prescription ID(s) for the duplicate prescription(s).<br>and<br>the user must have the ability to view the details for the duplicate prescription(s).<br>At a minimum, the following fields must be displayed to the user:<br>a. Provincial Health Care ID (PHN)<br>b. Prescriber ID Reference<br>c. Prescriber ID<br>d. Prescription Status (i.e., RX Status Code field)<br>e. PharmaNet Prescription ID | M | M | X | X | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| | f. Date of Prescription<br>g. Prescription Expiry Date (i.e., RX Expiry Date field)<br>h. Dispense Start Date<br>i. Drug/Device Name<br>j. Total Quantity<br>k. Total Days Supply<br>l. Indication Code<br>m. Directions (Patient Instructions)<br>n. MMI Codes (if applicable)<br>o. Clinical Service Codes (if applicable)<br>p. Last Dispensed Date of Service<br>**Note(s):**<br>1. This will only occur if using a DIN.<br>2. The duplicate prescription will be recorded in PharmaNet.<br>3. Refer to Table 66 TRX X0/X5 (Retrieve Patient Prescription) – Mandatory Display Standards for the details returned by PharmaNet. | | | | | |
| PNetTx38.30 | **Default Prescription Expiry Date**<br>If the Prescription Expiry Date (i.e., RX Expiry Date field) defaults, it must be to two years from the Date of Prescription.<br>**Note(s):** If the Prescription Expiry Date is exceeded, a warning message will be returned to the dispensing pharmacy. | M | M | X | X | M |
| PNetTx38.31 | **Mandatory Display for TRX X1/X6 (Record Prescription)**<br>All fields identified in Table 68 TRX X1/X6 (Record Prescription) – Mandatory Display Standards must be displayed in the POS application after submitting the transaction to PharmaNet.<br>**Note(s):** Display of additional fields returned from PharmaNet is optional (see Volume 4C: Technical Supplement – PharmaNet Message Specifications). | M | M | X | M | M |

## TRX X1/X6 (Record Prescription) – Mandatory Display Standards

*Table 68 TRX X1/X6 (Record Prescription) – Mandatory Display Standards*

| Information Fields | Source |
|---|---|
| PharmaNet Prescription ID | ZPX |
| Response Message Status | ZZZ |
| PharmaNet Participant Message | ZPI |

## 4.19 TRX (X2/X7) – Update Prescription Status

PharmaNet prescriptions may be revoked or discontinued using this transaction.

PharmaNet will update the status of the prescription and will return the entire record.

*Table 69 TRX X2/X7 (Update Prescription Status) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx39.1 | **Revoke (Cancel) Prescription**<br>The application must provide the ability to revoke (cancel) a prescription by submitting a TRX-X2 with:<br>a. Prescription Status (i.e., RX Status Code field) = 'R' (Revoked);<br>b. an appropriate Reason Code; and<br>c. optionally one or more Clinical Services Codes.<br>**Note(s):**<br>1. Refer to the BC PharmaNet Terminology Worksheet for additional information (e.g., Reason Codes, Clinical Service Codes).<br>2. Prescriptions can only be revoked if they have not been dispensed.<br>3. The prescription authorization is removed once a prescription is revoked.<br>4. A prescription cannot be dispensed once it has been revoked.<br>5. PharmaNet will update the status of the prescription and will return the entire record. | M | M | X | X | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx39.2 | **Dispensed Prescriptions Cannot Be Revoked**<br>PharmaNet prescriptions which have been dispensed must not be revoked (cancelled).<br>**Note(s):**<br>1. Once filled a prescription cannot be revoked. This would be a discontinuation.<br>2. If attempted, PharmaNet will return an error: "278 Revoked status not allowed."<br>3. If there has been a single dispense and it is reversed, the prescription is returned to its original state (of having no dispenses) - in which case the prescription can be revoked. | M | M | X | X | M |
| PNetTx39.3 | **Discontinue (Obsolete) Prescription**<br>The application must provide the ability to discontinue a prescription with the following:<br>a. Prescription Status (i.e., RX Status Code field) = 'O' (Obsolete);<br>b. Reason Code = 'DS' (Prescription Discontinued); and<br>c. one or more Clinical Services Codes (see BC PharmaNet Terminology Worksheet). | M | M | X | X | M |
| PNetTx39.4 | **Reasons to Revoke or Discontinue**<br>The user must be provided with a valid list of reasons to revoke or discontinue a prescription.<br>These reasons must be correctly mapped to the applicable PharmaNet Reason Codes.<br>**Note(s):** Refer to the BC PharmaNet Terminology Worksheet for additional information. | M | M | X | X | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx39.5 | **Prevent Status Change**<br>The user must only have the option to change prescriptions from:<br>a. Active (with at least one un-reversed dispense) to Obsolete;<br>b. Active (with no dispenses) to Revoked or Obsolete; or<br>c. Complete to Obsolete.<br>**Note(s):** Once a prescription status has been set to 'revoked' (i.e., cancelled) or 'obsolete' (i.e., discontinued) it cannot be changed. | M | M | X | M | M |
| PNetTx39.6 | **Process for Updating Prescriptions**<br>A TRX-X0 (Retrieve Patient Prescription) is required in order to first confirm that the local prescription status matches PharmaNet, before proceeding with an TRX-X2 (Update Prescription). | M | M | X | M | M |
| PNetTx39.7 | **Refusal to Fill**<br>The application must provide the ability to record a refusal to fill with the following:<br>a. Prescription Status (i.e., RX Status Code field) = 'O' (Obsolete);<br>b. Reason Code = 'RF' (Refusal to Fill);<br>c. MMI Code = 'RTF' (Refusal to Fill); and<br>d. one or more of the appropriate Clinical Services Codes.<br>**Note(s):** Refer to the BC PharmaNet Terminology Worksheet for additional information. | X | X | X | X | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx39.8 | **Mandatory Display for TRX X2/X7 (Update Prescription Status)**<br>All fields identified in Table 70 TRX X2/X7 (Update Prescription Status) – Mandatory Display Standards must be displayed in the POS application after submitting the transaction to PharmaNet.<br>**Note(s):** Display of additional fields returned from PharmaNet is optional (see Volume 4C: Technical Supplement – PharmaNet Message Specifications). | M | M | X | M | M |

## TRX X2/X7 (Update Prescription Status) – Mandatory Display Standards

*Table 70 TRX X2/X7 (Update Prescription Status) – Mandatory Display Standards*

| Information Fields | Source |
|---|---|
| PharmaNet Prescription ID | ZPX |
| Response Message Status | ZZZ |
| PharmaNet Participant Message | ZPI |

## 4.20 TRX (X3/X8) – Adjust or Adapt Prescription

This transaction is used to:

- adapt an original prescription in PharmaNet; or
- adjust a prescription in PharmaNet without:
  - changing the active therapeutic ingredient; or
  - dose (for Pharmacy users).

*Table 71 TRX X3/X8 (Adjust or Adapt Prescription) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx40.1 | **Adapt Prescription**<br>A user must only be able to adapt original prescriptions with a status of:<br>a. Active,<br>b. Obsolete, or<br>c. Complete.<br>**Note(s):**<br>1. PharmaNet will return an error if a prescription record does not exist for the patient with the specified PharmaNet Prescription ID.<br>2. Refer to PPP-58: Adapting a Prescription at www.bcpharmacists.org. | X | X | X | X | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx40.2 | **Adjust Prescription**<br>A user must only be able to adjust original prescriptions with a status of:<br>a. Active,<br>b. Obsolete, or<br>c. Complete.<br>**Note(s):** PharmaNet will return an error if a prescription record does not exist for the patient with the specified PharmaNet Prescription ID. | M | M | X | X | O |
| PNetTx40.3 | **Mandatory Fields for Adapting Prescriptions**<br>Adapted prescriptions must include all of the following fields:<br>a. DUE Indicator<br>b. Practitioner ID Reference (for Prescriber)<br>c. Practitioner ID (for Prescriber)<br>d. Local Prescription ID<br>e. Original PharmaNet Prescription ID<br>f. Date of Prescription<br>g. Dispense Start Date<br>h. DIN/PIN<br>i. Drug Name<br>j. Total Quantity<br>k. Total Days Supply<br>l. Refill/Repeat Authorizations<br>m. Frequency<br>n. Frequency Code<br>o. Device Indicator (must be 'N')<br>p. Directions (Patient Instructions) | X | X | X | X | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| | q. MMI Codes (must be 'ADAP')<br>r. Clinical Services Codes (must be one of the codes associated with the 'ADAP' MMI code – see BC PharmaNet Terminology Worksheet)<br>s. Indication Code<br>t. Entered by ID (if user is not the prescriber)<br>u. Dose<br>v. Dose Units<br>w. Route Code<br>x. Rationale<br>y. Patient Consent Indicator (cannot default)<br>z. Patient Consent Name (i.e., name of person giving consent, if other than the patient)<br>**Note(s):** Refer to the BC PharmaNet Terminology Worksheet for additional information. | | | | | |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx40.4 | **Prescription Adjustment by Pharmacy**<br>If the POS application provides the ability to adjust a prescription, the user must have the ability to adjust a prescription using:<br>a. MMI Code = 'ADJ' (Prescription Adjustment); and<br>b. one of the associated Clinical Service Codes.<br>i. 'ADJU' (i.e., Prescription Adjustment);<br>ii. 'PRDC' (i.e., Prescriber Dosage Change);<br>iii. 'PRFC' (i.e., Prescriber Form Change);<br>iv. 'PRRC' (i.e., Prescriber Regimen Change);<br>v. 'PRRL' (i.e., Prescriber Renewal); or<br>vi. 'SHRT' (i.e., Adjustment Due to Shortage).<br>The Prescriber ID must be the same as the original prescription (i.e., TRX-X1).<br>**Note(s):** PharmaNet will return an error if a prescription record does not exist for the patient with the specified PharmaNet Prescription ID. | X | X | X | X | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx40.5 | **Prescription Adjustment by EMR/HA-BPMH**<br>The POS application must provide the ability for a clinical user to adjust a prescription if the active therapeutic ingredient has not changed using:<br>a. MMI Code = 'ADJ' (Prescription Adjustment); and<br>b. one of the following Clinical Service Code =<br>i. 'ADJU' (Prescription Adjustment);<br>ii. 'PRDC' (Prescriber Dosage Change);<br>iii. 'PRFC' (Prescriber Form Change);<br>iv. 'PRRC' (Prescriber Regimen Change); or<br>v. 'PRRL' (Prescriber Renewal).<br>The Prescriber ID must be the same as the original prescription (i.e., TRX-X1).<br>**Note(s):**<br>1. PharmaNet will return an error if a prescription record does not exist for the patient with the specified PharmaNet Prescription ID.<br>2. If the active therapeutic ingredient changes the original prescription must be discontinued and a new prescription must be created (for further details refer to the BC Medication Value Set). | M | M | X | X | X |
| PNetTx40.6 | **Mandatory Fields for Adjusting Prescriptions**<br>If the POS application provides the ability to adjust a prescription, the adjusted prescriptions must include all of the following fields which can be auto-populated based on the user order entry from the original prescription:<br>a. DUE Indicator<br>b. Practitioner ID Reference (for Prescriber)<br>c. Practitioner ID (for Prescriber)<br>d. Local Prescription ID | M | M | X | X | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| | e. Original PharmaNet Prescription ID<br>f. Date of Prescription<br>g. Dispense Start Date<br>h. Drug Name<br>i. Total Quantity<br>j. Total Days Supply<br>k. Refill/Repeat Authorizations<br>l. Maximum Dispense Quantity<br>m. Frequency<br>n. Frequency Code<br>o. Device Indicator (must be 'N')<br>p. Directions (Patient Instructions)<br>q. MMI Codes (must be 'ADJ')<br>r. Clinical Services Codes (must be one of the codes associated with the 'ADJ' MMI code – see rules above)<br>s. Indication Code (see note)<br>t. Entered by ID (if user is not the prescriber)<br>u. Dose (see note)<br>v. Dose Units (see note)<br>w. Route Code (see note)<br>**Note(s):** The Indication Code, Dose, Dose Units, and Route Code are only populated for Pharmacy users if:<br>• provided by the prescriber on a paper, faxed or verbal prescription; or<br>• the pharmacist is the prescriber. | | | | | |
| PNetTx40.7 | **Adapted Prescriptions Cannot Be Adapted**<br>If the Adaptation Indicator is 'Y', there must not be any functionality to adapt the prescription. | X | X | X | X | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx40.8 | **Veterinary Prescriptions Cannot Be Adjusted or Adapted**<br>If the Veterinary Indicator is 'Y', there must not be any functionality to adjust or adapt the prescription. | M | M | X | X | M |
| PNetTx40.9 | **Mandatory Display for TRX-X3 (Adjust or Adapt Prescription)**<br>All fields identified in Table 72 TRX X3/X8 (Adjust or Adapt Prescription) – Mandatory Display Standards must be displayed in the POS application after submitting the transaction to PharmaNet.<br>**Note(s):** Display of additional fields returned from PharmaNet is optional (see Volume 4C: Technical Supplement – PharmaNet Message Specifications). | M | M | X | X | M |

## TRX X3/X8 (Adjust or Adapt Prescription) – Mandatory Display Standards

*Table 72 TRX X3/X8 (Adjust or Adapt Prescription) – Mandatory Display Standards*

| Information Fields | Source |
|---|---|
| PharmaNet Prescription ID | ZPX |
| Original PharmaNet Prescription ID | ZPX |
| Response Message Status | ZZZ |
| PharmaNet Participant Message | ZPI |

## 4.21 TRX (X4/X9) – Retrieve Prescriber Prescription

Adaptation and Change Notification Polling is how a prescriber is informed of any adaptations or relevant status changes pertaining to drugs or devices they have prescribed.

This transaction may also be used to retrieve PharmaNet prescription records for a single prescriber on both an ad-hoc basis and/or scheduled as part of Adaptation and Change Notification Polling.

Polling is achieved using the TRX-X4 (Retrieve Prescriber Prescription) transaction to return prescription records created or modified since the time of the last poll as specified by a date timestamp on the query.

If no data exists for the prescriber, the transaction will return successfully but applicable data segments will be absent from the returned message.

**Note(s):** This transaction, applicable to the single provider, will override the requirement of a PharmaNet patient keyword.

*Table 73 TRX X4/X9 (Retrieve Prescriber Prescription) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx41.1 | **No Ability to Search Another Prescriber's Prescriptions**<br>The POS application must not enable a user to retrieve prescriptions for another prescriber unless there is an "on behalf of" relationship (e.g., an MOA working for a prescriber). | M | M | X | X | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx41.2 | **Retrieve Prescriber Prescription (Ad Hoc Queries)**<br>The user must be able to retrieve prescriptions using:<br>a. Practitioner ID and Practitioner ID Reference<br>b. Practitioner ID, Practitioner ID Reference, and Prescription Status (i.e., RX Status Code field)<br>c. Practitioner ID, Practitioner ID Reference, and Dispense Status (i.e., Rx Status field)<br>d. Practitioner ID, Practitioner ID Reference, and Last Update Timestamp<br>The following is optional:<br>e. Practitioner ID and Practitioner ID Ref and any combination of the following:<br>i. Adaptation Indicator<br>ii. Adapted Indicator<br>iii. Location ID<br>iv. Prescription Date<br>v. Last Update Timestamp<br>**Note(s):** Users can only retrieve their own prescriptions with the exception of support staff working for a prescriber. | M | M | X | X | M |
| PNetTx41.3 | **Scheduled Polling**<br>The user must be able to schedule polling based on ad hoc queries. | M | M | X | X | M |

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx41.4 | **Automated Polling**<br>The POS application must provide the ability to automatically poll PharmaNet for prescription discrepancies (see 3.9 Medication Management and Reconciliation).<br>**Note(s):** It is recommended that this is done using the following parameters:<br>a. Practitioner ID and Practitioner ID Reference<br>b. Adapted Indicator (set to 'Y')<br>c. Last Update Timestamp | M | M | X | X | M |
| PNetTx41.5 | **Automated Polling Frequency**<br>The frequency of automated polling must be a configurable interval of:<br>a. no less than six hours; and<br>b. no more than one week. | M | M | X | X | M |
| PNetTx41.6 | **Separate Polling for All Prescribers**<br>The POS application must schedule individual polling instances for all active prescribers at a specific location. | M | M | X | X | M |
| PNetTx41.7 | **Automated Polling Notifications**<br>Any adaptations identified through polling must be flagged for follow-up by the prescriber. | M | M | X | X | M |
| PNetTx41.8 | **Mandatory Display for TRX-X4 (Retrieve Prescriber Prescription)**<br>All fields identified in Table 74 TRX X4/X9 (Retrieve Prescriber Prescription) – Mandatory Display Standards must be displayed in the POS application after submitting the transaction to PharmaNet.<br>**Note(s):** Display of additional fields returned from PharmaNet is optional (see Volume 4C: Technical Supplement – PharmaNet Message Specifications). | M | M | X | X | M |

## TRX X4/X9 (Retrieve Prescriber Prescription) – Mandatory Display Standards

*Table 74 TRX X4/X9 (Retrieve Prescriber Prescription) – Mandatory Display Standards*

| Information Fields | Source |
|---|---|
| Provincial Health Care ID (PHN) | ZPP |
| Reason Code | ZPX1 |
| Prescriber ID Ref | ZPX1 |
| Prescriber ID | ZPX1 |
| Prescription Status (i.e., RX Status Code field) | ZPX1 |
| Reason Code | ZPX1 |
| Last Update Location ID | ZPX1 |
| Entered by ID | ZPX1 |
| Location ID | ZPX1 |
| PharmaNet Prescription ID | ZPX1 |
| Original PharmaNet Prescription ID (if applicable) | ZPX1 |
| Date of Prescription | ZPX1 |
| Prescription Expiry Date (i.e., RX Expiry Date field) | ZPX1 |
| Dispense Start Date | ZPX1 |
| DIN/PIN | ZPX1 |
| Drug/Device Name | ZPX1 |
| Total Quantity | ZPX1 |
| Total Days Supply | ZPX1 |
| Refill/Repeat Authorizations | ZPX1 |
| Quantity Dispensed | ZPX1 |
| Maximum Dispense Quantity | ZPX1 |
| Dispense Interval (if applicable) | ZPX1 |
| Indication Code | ZPX1 |
| Frequency (do not display if value = 99) | ZPX1 |
| Frequency Code | ZPX1 |
| Dose | ZPX1 |
| Dose Units | ZPX1 |
| Route Code | ZPX1 |
| Compound Instructions (if applicable) | ZPX1 |
| Compound Ingredients (if applicable) | ZPX1 |
| Adapted Indicator (if applicable) | ZPX1 |
| Adaptation Indicator (if applicable) | ZPX1 |
| Directions (Patient Instructions) | ZPX1 |
| Prescriber Notes | ZPX1 |
| Intervention and Exception Codes (if applicable) | ZPX1 |
| MMI Codes (if applicable) | ZPX1 |
| Clinical Service Codes (if applicable) | ZPX1 |
| Last Dispensed Location ID | ZPX1 |

| Information Fields | Source |
|---|---|
| Last Dispensed DIN/PIN | ZPX1 |
| Last Dispensed Date of Service | ZPX1 |
| Rationale | ZPX1 |
| Instructions to Patient | ZPX1 |
| Follow Up Plan | ZPX1 |
| Last Update Timestamp | ZPX1 |
| PharmaNet Participant Message (if applicable) | ZPI |

## 4.22 Combination Transactions

### 4.22.1 TAC/TDU/TRP/TRR/TRS Combination Transactions

*Table 75 TAC/TDU/TRP/TRR/TRS (Combination Transactions) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx42.1 | **Unaccepted Methods for Filling Multiple Prescriptions**<br>The application must not enable filling multiple prescriptions as described in Table 40 Unaccepted Methods for Filling Multiple Prescriptions. | X | X | X | M | M |
| PNetTx42.2 | **Mandatory Display for TAC/TDU/TRP/TRR/TRS (Combination Transactions)**<br>All fields identified in Table 76 TAC/TDU/TRP/TRR/TRS (Combination Transactions) – Mandatory Display Standards must be displayed in the POS application after submitting the transaction to PharmaNet.<br>**Note(s):** Display of additional fields returned from PharmaNet is optional (see Volume 4C: Technical Supplement – PharmaNet Message Specifications). | X | X | X | M | M |

#### TAC/TDU/TRP/TRR/TRS (Combination Transactions) – Mandatory Display Standards

*Table 76 TAC/TDU/TRP/TRR/TRS (Combination Transactions) – Mandatory Display Standards*

| Information Fields | Source |
|---|---|
| **TDU** | |
| PHN | ZCC |
| Interaction Advisory Source Reference (e.g., First Data Bank) | ZPE |
| Interaction Advisory Code | ZPE |
| Interaction Advisory Severity Level | ZPE |
| Interaction Advisory Text | ZPE |
| DUE Response Status | ZPE |
| DIN/PIN (original medication) | ZPB3 Block 1 |
| Generic Name/Manufacturer | ZPB3 Block 1 |
| Same Store Indicator | ZPB3 Block 1 |
| Quantity | ZPB3 Block 1 |

| Information Fields | Source |
|---|---|
| Maximum Daily Dose | ZPB3 Block 1 |
| Dispense Status (i.e., Rx Status field) | ZPB3 Block 1 |
| Date Dispensed | ZPB3 Block 1 |
| Intervention Code | ZPB3 Block 1 |
| Practitioner ID Reference | ZPB3 Block 1 |
| Practitioner ID | ZPB3 Block 1 |
| Directions | ZPB3 Block 1 |
| DIN/PIN (interacting drug) | ZPB3 Block 2 |
| Generic Name/Manufacturer (omit for medical practice) | ZPB3 Block 2 |
| Same Store Indicator | ZPB3 Block 2 |
| Quantity | ZPB3 Block 2 |
| Maximum Daily Dose | ZPB3 Block 2 |
| Dispense Status (i.e., Rx Status field) | ZPB3 Block 2 |
| Date Dispensed | ZPB3 Block 2 |
| Intervention Code | ZPB3 Block 2 |
| Practitioner ID Reference | ZPB3 Block 2 |
| Practitioner ID | ZPB3 Block 2 |
| Drug Discontinuation Date | ZPB3 Block 2 |
| Drug Discontinuation Source | ZPB3 Block 2 |
| Directions | ZPB3 Block 2 |
| PharmaNet Participant Message | ZPI |
| Response Message Status | ZZZ |
| **TRP/TRR/TRS** | |
| Provincial Health Care ID (PHN) | ZCC |
| **Clinical Condition Information:** | |
| Patient Condition | ZPB1 |
| Patient Condition Chronic | ZPB1 |
| Reported By Code | ZPB1 |
| Date Reported | ZPB1 |
| Comment Text | ZPB1 |
| Practitioner ID Reference | ZPB1 |
| Practitioner ID | ZPB1 |
| Date entered | ZPB1 |
| **Adverse Reaction Information:** | |
| DIN/PIN | ZPB2 |
| Generic Name/Manufacturer | ZPB2 |
| Reported By Code | ZPB2 |
| Date Reported | ZPB2 |
| Comment Text | ZPB2 |
| Practitioner ID Reference | ZPB2 |

| Information Fields | Source |
|---|---|
| Practitioner ID | ZPB2 |
| Date Entered | ZPB2 |
| **Medication History Information:** | |
| DIN/PIN | ZPB3 |
| Generic Name/Manufacturer | ZPB3 |
| Same Store Indicator (only for Pharmacy) | ZPB3 |
| Quantity | ZPB3 |
| Dispense Status (i.e., Rx Status field) | ZPB3 |
| Date Dispensed | ZPB3 |
| Intervention Code (if applicable) | ZPB3 |
| Practitioner ID Reference (for prescription) | ZPB3 |
| Practitioner ID (for prescription) | ZPB3 |
| Practitioner Family Name | ZPB3 |
| Drug Discontinue Date (if applicable) | ZPB3 |
| Drug Discontinue Source (if applicable) | ZPB3 |
| Directions | ZPB3 |
| Comment Text | ZPB3 |
| Practitioner ID Reference (for Comment Text) | ZPB3 |
| Practitioner ID (for Comment Text) | ZPB3 |
| Date Entered (for Comment Text) | ZPB3 |
| Location ID (returned in v70 only) | ZPB3 |
| Adaptation Indicator (if applicable; returned in v70 only) | ZPB3 |
| PharmaNet Prescription ID (returned in v70 only) | ZPB3 |
| MMI Codes (if applicable; returned in v70 only) | ZPB3 |
| Clinical Service Code (if applicable; returned in v70 only) | ZPB3 |
| Response Message Status | ZZZ |
| **TAC** | |
| Patient Pays | Local software |
| Adjudication Date | ZCE |
| Reference Number | ZCE |
| Drug Cost Accepted | ZCE |
| Special Services Fee Accepted | ZCE |
| Professional Fee Accepted | ZCE |
| Plan Pays (PharmaCare) | ZCE |
| Other Payer (if applicable) | ZCE |
| Copay to Collect | ZCE |
| Response Message Status | ZCE, ZZZ |

### 4.22.2 TRX-X0/TRP Combination Transaction

This section is in addition to the rules for the TRP and TRX-X0.

*Table 77 TRX-X0/TRP (Combination Transaction) – Application Enforced Rules*

| # | Rule | EMR | HA-BPMH | HA-Viewer | MDS | Pharmacy |
|---|---|---|---|---|---|---|
| PNetTx43.1 | **Mandatory Display for TRX-X0/TRP (Combination Transaction)**<br>All fields identified in Table 78 TRX-X0/TRP (Combination Transaction) – Mandatory Display Standards must be displayed in the POS application after submitting the transaction to PharmaNet.<br>**Note(s):**<br>1. Data fields that are duplicated between the transactions only need to be displayed once.<br>2. Display of additional fields returned from PharmaNet is optional (see Volume 4C: Technical Supplement – PharmaNet Message Specifications). | M | M | M | M | M |

#### TRX-0/TRP (Combination Transaction) – Mandatory Display Standards

*Table 78 TRX-X0/TRP (Combination Transaction) – Mandatory Display Standards*

| Information Fields | Source |
|---|---|
| **TRX-X0** | |
| Provincial Health Care ID (PHN) | ZCC |
| Prescriber ID Reference | ZPX |
| Prescriber ID | ZPX |
| Prescription Status (i.e., RX Status Code field) | ZPX |
| Reason Code (if applicable – i.e., not null) | ZPX |
| Last Update Location ID | ZPX |
| Entered by ID | ZPX |
| Location ID | ZPX |
| PharmaNet Prescription ID | ZPX |
| Original PharmaNet Prescription ID (if applicable) | ZPX |
| Date of Prescription | ZPX |
| Prescription Expiry Date (i.e., RX Expiry Date field) | ZPX |
| Dispense Start Date | ZPX |

| Information Fields | Source |
|---|---|
| **TRX-X0** | |
| DIN/PIN (if applicable - e.g., do not substitute) | ZPX |
| Drug/Device Name | ZPX |
| Total Quantity | ZPX |
| Total Days Supply | ZPX |
| Refill/Repeat Authorizations (if applicable) | ZPX |
| Quantity Dispensed (if applicable) | ZPX |
| Maximum Dispense Quantity (if applicable) | ZPX |
| Dispense Interval (if applicable) | ZPX |
| Indication Code | ZPX |
| Frequency (do not display if value = 99) | ZPX |
| Frequency Code | ZPX |
| Dose | ZPX |
| Dose Units | ZPX |
| Route Code | ZPX |
| Compound Instructions (if applicable) | ZPX |
| Compound Ingredients (if applicable) | ZPX |
| Office Use Indicator (if applicable) | ZPX |
| Device Indicator (if applicable) | ZPX |
| Do Not Substitute Indicator (if applicable) | ZPX |
| Trial Eligibility Indicator (if applicable) | ZPX |
| Compliance Packaging Indicator (if applicable) | ZPX |
| Adapted Indicator (if applicable) | ZPX |
| Adaptation Indicator (if applicable) | ZPX |
| Veterinary Indicator (if applicable) | ZPX |
| Directions (Patient Instructions) | ZPX |
| Prescriber Notes | ZPX |
| Folio Number (if applicable) | ZPX |
| Intervention and Exception Codes (if applicable) | ZPX |
| MMI Codes (if applicable) | ZPX |
| Clinical Service Codes (if applicable) | ZPX |
| Last Dispensed Location ID | ZPX |
| Last Dispensed DIN/PIN | ZPX |
| Last Dispensed Date of Service | ZPX |
| Rationale (if applicable) | ZPX |
| Instructions to Patient (if applicable) | ZPX |
| Follow Up Plan (if applicable) | ZPX |
| Last Update Timestamp | ZPX |
| PharmaNet Participant Message | ZPI |
| **TRP/TRR/TRS** | |

| Information Fields | Source |
|---|---|
| **TRX-X0** | |
| Provincial Health Care ID (PHN) | ZCC |
| **Clinical Condition Information:** | |
| Patient Condition | ZPB1 |
| Patient Condition Chronic | ZPB1 |
| Reported By Code | ZPB1 |
| Date Reported | ZPB1 |
| Comment Text | ZPB1 |
| Practitioner ID Reference | ZPB1 |
| Practitioner ID | ZPB1 |
| Date entered | ZPB1 |
| **Adverse Reaction Information:** | |
| DIN/PIN | ZPB2 |
| Generic Name/Manufacturer | ZPB2 |
| Reported By Code | ZPB2 |
| Date Reported | ZPB2 |
| Comment Text | ZPB2 |
| Practitioner ID Reference | ZPB2 |
| Practitioner ID | ZPB2 |
| Date Entered | ZPB2 |
| **Medication History Information:** | |
| DIN/PIN | ZPB3 |
| Generic Name/Manufacturer | ZPB3 |
| Same Store Indicator (only for Pharmacy) | ZPB3 |
| Quantity | ZPB3 |
| Dispense Status (i.e., Rx Status field) | ZPB3 |
| Date Dispensed | ZPB3 |
| Intervention Code (if applicable) | ZPB3 |
| Practitioner ID Reference (for prescription) | ZPB3 |
| Practitioner ID (for prescription) | ZPB3 |
| Practitioner Family Name | ZPB3 |
| Drug Discontinue Date (if applicable) | ZPB3 |
| Drug Discontinue Source (if applicable) | ZPB3 |
| Directions | ZPB3 |
| Comment Text | ZPB3 |
| Practitioner ID Reference (for Comment Text) | ZPB3 |
| Practitioner ID (for Comment Text) | ZPB3 |
| Date Entered (for Comment Text) | ZPB3 |
| Location ID (returned in v70 only*) | ZPB3 |
| Adaptation Indicator (if applicable; returned in v70 only) | ZPB3 |

| Information Fields | Source |
|---|---|
| **TRX-X0** | |
| PharmaNet Prescription ID (returned in v70 only) | ZPB3 |
| MMI Codes (if applicable; returned in v70 only) | ZPB3 |
| Clinical Service Code (if applicable; returned in v70 only) | ZPB3 |
| Response Message Status | ZZZ |

# 5.0 Appendices

## 5.1 Appendix A: PHN Check Digit Number Validation Routine

The PHN is sent as a 10-digit number.

A Mod 11 check digit can be applied to confirm that the PHN is valid by breaking it into single digits and applying a weight to each digit as follows:

| **Digit** (by position) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Weight** | | 2 | 4 | 8 | 5 | 10 | 9 | 7 | 3 | |

*Table 79 PHN Check Digit Number Validation Routine*

| Step | Description |
|---|---|
| 1. | Ignore the first digit in the PHN since it is always a 9. |
| 2. | Multiply each digit (2-9) by its weight and divide each product by 11. |
| 3. | Sum the remainder values and divide the total by 11. |
| 4. | Subtract the remainder from 11 to yield a check digit value. |
| 5. | Compare this value to the 10th digit, and if the two numbers are equal then the PHN is valid, otherwise the PHN is invalid.<br>If the result is 10 or 11, the PHN is not valid because the 10th digit is a single number. |

Example:

PHN = 9698658215

| PHN (Digit) | 9 | 6 | 9 | 8 | 6 | 5 | 8 | 2 | 1 | 5 |
|---|---|---|---|---|---|---|---|---|---|---|
| Weight | N/A | 2 | 4 | 8 | 5 | 10 | 9 | 7 | 3 | |
| Multiply Digit by Weight | | 6 x 2 = 12 | 9 x 4 = 36 | 8 x 8 = 64 | 6 x 5 = 30 | 5 x 10 = 50 | 8 x 9 = 72 | 2 x 7 = 14 | 1 x 3 = 3 | |
| Divide Product by 11 | | 12 ÷ 11 = 1 1/11 | 36 ÷ 11 = 3 3/11 | 64 ÷ 11 = 5 9/11 | 30 ÷ 11 = 2 8/11 | 50 ÷ 11 = 4 6/11 | 72 ÷ 11 = 6 6/11 | 14 ÷ 11 = 1 3/11 | 3 ÷ 11 = 3/11 | |
| Sum Remainder Values | (1 + 3 + 9 + 8 + 6 + 6 + 3 + 3) = 39 | | | | | | | | | |
| Divide Total by 11 | 39 ÷ 11 = 3 6/11 | | | | | | | | | |
| Subtract Remainder Value from 11 | 11 - 6 = 5 | | | | | | | | | |
| Compare Value to 10th Digit | The check digit value (5) matches the 10th place digit in the PHN (5) which indicates that the PHN is valid. | | | | | | | | | |

## 5.2 Appendix B: List of Invalid Characters for Legacy Transactions (TID, TPA, TPH, and TPN)

The characters in the following tables are invalid and will be removed from any incoming message (by the Provincial Client Registry):

*Table 80 List of Invalid Characters for Legacy Transactions (TID, TPA, TPH, and TPN) - ASCII Characters*

| ASCII Characters | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Char.** | **Dec.** | **Hex.** | **Char.** | **Dec.** | **Hex.** | **Char.** | **Dec.** | **Hex.** | **Char.** | **Dec.** | **Hex.** |
| ! | 33 | 21 | , | 44 | 2C | 8 | 56 | 38 | \ | 92 | 5C |
| " | 34 | 22 | / | 47 | 2F | 9 | 57 | 39 | ] | 93 | 5D |
| # | 35 | 23 | 0 | 48 | 30 | : | 58 | 3A | ^ | 94 | 5E |
| $ | 36 | 24 | 1 | 49 | 31 | ; | 59 | 3B | _ | 95 | 5F |
| % | 37 | 25 | 2 | 50 | 32 | < | 60 | 3C | ` | 96 | 60 |
| & | 38 | 26 | 3 | 51 | 33 | = | 61 | 3D | { | 123 | 7B |
| ( | 40 | 28 | 4 | 52 | 34 | > | 62 | 3E | \| | 124 | 7C |
| ) | 41 | 29 | 5 | 53 | 35 | ? | 63 | 3F | } | 125 | 7D |
| * | 42 | 2A | 6 | 54 | 36 | @ | 64 | 40 | ~ | 126 | 7E |
| + | 43 | 2B | 7 | 55 | 37 | [ | 91 | 5B | | 127 | 7F |

*Table 81 List of Invalid Characters for Legacy Transactions (TID, TPA, TPH, and TPN) - Extended ASCII Characters*

| Extended ASCII Characters | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Char.** | **Dec.** | **Hex.** | **Char.** | **Dec.** | **Hex.** | **Char.** | **Dec.** | **Hex.** | **Char.** | **Dec.** | **Hex.** |
| | 128 | 80 | • | 149 | 95 | ª | 170 | AA | ¿ | 191 | BF |
| | 129 | 81 | – | 150 | 96 | « | 171 | AB | Ã | 195 | C3 |
| ‚ | 130 | 82 | — | 151 | 97 | ¬ | 172 | AC | Å | 197 | C5 |
| ƒ | 131 | 83 | ˜ | 152 | 98 | ¬ | 173 | AD | Æ | 198 | C6 |
| „ | 132 | 84 | ™ | 153 | 99 | ® | 174 | AE | Ð | 208 | D0 |
| … | 133 | 85 | š | 154 | 9A | ¯ | 175 | AF | Ñ | 209 | D1 |
| † | 134 | 86 | › | 155 | 9B | ° | 176 | B0 | Õ | 213 | D5 |
| ‡ | 135 | 87 | Œ | 156 | 9C | ± | 177 | B1 | × | 215 | D7 |
| ˆ | 136 | 88 | | 157 | 9D | ² | 178 | B2 | Ø | 216 | D8 |
| ‰ | 137 | 89 | | 158 | 9E | ³ | 179 | B3 | Þ | 222 | DE |
| Š | 138 | 8A | Ÿ | 159 | 9F | ´ | 180 | B4 | ß | 223 | DF |
| ‹ | 139 | 8B | | 160 | A0 | µ | 181 | B5 | ã | 227 | E3 |
| Œ | 140 | 8C | ¡ | 161 | A1 | ¶ | 182 | B6 | å | 229 | E5 |
| | 141 | 8D | ¢ | 162 | A2 | · | 183 | B7 | æ | 230 | E6 |
| | 142 | 8E | £ | 163 | A3 | ¸ | 184 | B8 | ð | 240 | F0 |
| | 143 | 8F | ¤ | 164 | A4 | ¹ | 185 | B9 | ñ | 241 | F1 |
| | 144 | 90 | ¥ | 165 | A5 | º | 186 | BA | õ | 245 | F5 |
| ‘ | 145 | 91 | ¦ | 166 | A6 | » | 187 | BB | ÷ | 247 | F7 |
| ’ | 146 | 92 | § | 167 | A7 | ¼ | 188 | BC | ø | 248 | F8 |
| “ | 147 | 93 | ¨ | 168 | A8 | ½ | 189 | BD | þ | 254 | FE |
| ” | 148 | 94 | © | 169 | A9 | ¾ | 190 | BE | ÿ | 255 | FF |

## 5.3 Appendix C: PharmaNet User Role Types

PharmaNet transactions can only be submitted from within British Columbia by the following users that are associated with BC regulatory organizations:

Regulated users:

- Dentists
- Licensed Practical Nurses (LPNs)
- Midwives
- Naturopaths
- Nurse Anesthetists
- Nurse Practitioners
- Optometrists
- Pharmacists
- Pharmacy Technicians
- Physicians
- Podiatrists
- Registered Nurses (RNs)
- Registered Psychiatric Nurses (RPNs)

“On behalf of” users (may include but are not limited to):

- Lab Scientists
- Medical Device Suppliers
- Medical Office Assistants (MOAs)
- Pharmacy Assistants
- Registration Clerks