National Association of State Controlled Substances Authorities

NASCSA's Recommendations for the Integrity of Data in Prescription Monitoring Programs (PMP Data Integrity)
July 2022

Introduction

Ensuring accuracy of data contained in a PMP database is of critical importance for those providing care, for law enforcement when data is provided, or for any other purpose the data is being reviewed. The following recommendations were developed by the NASCSA PMP Committee to provide guidance in the collection of prescription data.

Recommendations

• Prescriptions containing required reporting field errors must be corrected in the PMP as soon as possible or within [insert state-specific requirement].

• Pharmacies and their software vendors must have an understanding and process in place for the following:

- Pharmacies must receive information regarding prescriptions which contain invalid or missing data fields that reject or load with error to the state PMP.
- Pharmacies must revise the erroneous record(s) in their computer system.
- Pharmacies and their vendors must have a process in place for reporting revisions, voids, or new prescriptions to the state PMP, as indicated.
- Pharmacies must correct errors in a timely manner.

• Pharmacies should ensure the pharmacy name is updated with the DEA and applicable state board of pharmacy when changes to their name occur (for example, when changes of ownership occur). PMPs largely rely on data from the DEA and state boards of pharmacy for displaying the pharmacy's name and contact information.

• Inaccurate or superfluous information contained within patient demographic fields negatively impacts the ability to locate accurate and complete patient records within the PMP, as well as through returned results through interoperability of both interstate and intrastate data sharing. Pharmacies should support improved patient matching for PMPs through pharmacy staff entering functions, pharmacy dispensing system enhancements, and PMP vendor enhancements including the following recommendations:

- Inform and require pharmacies and other dispensers to enter patient demographics consistent with the patient's legal name; and

- Inform and require pharmacies and other dispensers to not insert comments or other information in the patient's name, address, or other fields; and
- Encourage pharmacies, other dispensers, and pharmacy dispensing software vendors to adopt and utilize reporting processes and tools to standardize patient addresses, such as with the Project US@ Technical Specification document.

• Unless otherwise defined or required by the state, non-controlled substances should not be reported to the PMP.

• When reporting the quantity prescribed/dispensed and drug dosage unit code, the unit of measure and quantity should be consistent with the formulation of the product. "Milliliters" should be utilized when the product is measured by volume. "Grams" should be utilized when the product is measured by weight. "Each" should be utilized for indivisible packages, solid dosage units, or when weight and volume measurement are not applicable. Dispensers are encouraged to review NCPDP's Billing Unit Standard or examples outlined in ASAP Standards. https://standards.ncpdp.org/Standards/media/pdf/BUS_fact_sheet.pdf.

• Dispensers should not report the prescriber's Data 2000 Waiver number in ASAP field PRE02, Prescriber DEA number. Only the prescriber's primary DEA registration number should be reported in PRE02. ASAP field PRE09, XDEA Number, is a separate field where the Data 2000 Waiver number can be reported if required by the state. The Data 2000 Waiver number is not interchangeable with the prescriber's DEA number when reporting to the PMP.

• Regarding compounds, only controlled substance ingredients should be reported to the state PMP unless further specified by the state. Only the quantity of the controlled substance ingredient utilized in the compound should be reported to the state PMP.

• Unless further required or defined by the state, dispensers are encouraged to utilize point of sale reporting to state PMPs. Software permitting, dispensers should report the date in which the prescription was sold or picked up/delivered to the patient. States should at a minimum make the "Date Sold" field a "situational" field and display it to end users of the data with a disclaimer that the field may or may not contain data pending the dispenser's ability to report at point of sale.

• Dispensers should report zip codes in a 5- or 9-digit format and should not include a dash when reporting to state PMPs. Following this format will prevent errors in the file.

• When reporting to PMPs, the state address field should be populated following the jurisdictions listed in ASAP Version 4.2B, especially for international patients, unless otherwise defined by the state. For international patients, the zip code field should be populated with zeros. If the state address is not listed in Appendix A, then 99-other should be utilized.

• Dispensers are reminded of the two-digit entry limit when reporting the refill number or number of refills authorized to the PMP. The two-digit entry limit conforms with both ASAP and NCPDP's format.

• When a dispenser provides a partial fill of a medication, the partial fill indicator DSP13, must be utilized when reporting to the state PMP. This should not be confused with the Refills Authorized (DSP04) or Refill Number (DSP06) fields.

• Dispensers need to verify both the prescriber's DEA number and name on the prescription when processing controlled substance prescriptions. This ensures correct prescriber information displays on the PMP report.

• Dispensers are encouraged to maintain current contact information, including email addresses, in the data submitter or uploader's account.