Pharmaceutical Information Program (PIP) FAQs

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ADDING IN OVER-THE-COUNTER (OTC) / NATURAL PRODUCT NUMBER (NPN) PRODUCTS INTO PIP

Do I need to add this to PIP?

PIP does not receive medical devices and supplies. It is required to enter all prescribed medication into the corresponding Saskatchewan resident's PIP profile. **Adding non-prescribed medication in PIP will depend on the clinical judgment of the pharmacist to improve patient safety and optimize drug therapy decisions**: examples may include products with abuse potential, drug-drug interactions, or direct impact on a patient's medical conditions or allergies. These two principles should guide the recording of non-prescription medications in PIP unless another policy requires a prescription (e.g. health region policy for long-term care or home care clients). The ability to enter non-prescribed medications will also depend on voluntary information provided by the patient. The Saskatchewan College of Pharmacy Professionals (SCPP) encourages the entry of non-prescription medication in PIP for documenting a complete and relevant medication profile.

Record non-prescribed medications/supplements (apart from low-dose (exempted) codeine) into PIP using your vendor functions listed below:

- Delta: "Post-to-Profile" Function
- Kroll: "Not Dispensed" Function
- McKesson: "Other Medications" [Drug Utilization Reviews (DURs)]
- ProPharm: "Other Medications" (DURs)
- TELUS: "Non-Prescribed" Function

Low-dose (exempted) codeine products should be recorded to both PIP and the Drug Plan in the same manner as a regular prescription record dispense in the pharmacy vendor software with the name of the pharmacist selling the product as the prescriber. Further guidelines on the sale of low-dose (exempted) codeine products can be found in the SCPP Reference Manual [here](#).

How do I add an OTC/NPN Product into PIP?

When a prescription, dispense, or non-prescribed fails to transmit to PIP it is helpful to check the following:

- The failed transaction report and vendor support should help identify the cause and provide walk-through for unique situations.

- The drug card may need to be set up correctly to transmit the medication to PIP for each specific vendor. For example, Kroll software requires all drug 'types' such as NPN to transmit to PIP as 'DIN' to be accepted in PIP. Other vendors may also have drug cards contributing to failed transactions. Contact vendor support for specific instructions.

- The DIN/NPN must be accepted by the PIP database (see "Drug Monograph Search" under GUI References). It may be required to contact eHealth Service Desk to set-up a ticket (1-888-316-7446) to add the product number on the physical medication into PIP database (e.g. Schedule I medication new to market). At times the product may <u>not</u> have a NPN or DIN on the packaging (e.g. Sodium Chloride 1g). These products may have a pseudo-DIN in the eHealth database and should be obtained by contacting eHealth directly. Documentation is important if eHealth is not able to setup a product in the database or when no pseudo-DIN exists for a product without any identifiable NPN/DIN on the product label.

DAYS' SUPPLY FOR DISPENSES

Why is a clinically accurate days' supply important?

Entering the therapeutically accurate days' supply in the related vendor software field is very important for each pharmacy dispense. The length of time a prescription stays visible as active in PIP may depend on the duration of therapy (days' supply) indicated on the prescription dispense when it is processed as well as other factors (pharmacy vendor system, refills remaining on prescriptions, etc.). This may affect PIP drug-drug interaction analysis. A PIP "DUR check" for drug-drug interactions evaluates both active and recently active prescriptions (prescriptions active in the last 30 days) along with only active "non-prescribed" records against every new prescription.

The Prescription Review Program also pulls data from PIP and uses days' supply from the pharmacy to calculate morphine equivalents to identify prescription outliers. Therefore, accurate days' supply on a prescription dispense is important to be able to distinguish these outliers properly.

TRANSFERS INTO THE PHARMACY AND E-PRESCRIPTIONS

Are you "downloading from PIP?"

All transferred prescriptions should be downloaded from PIP by the filling pharmacy. This is done in the vendor's PIP network profile. This process will help prevent duplicate prescriptions from being created on a patient's PIP profile. Contact vendor for specific instructions. If the download process is not available in unique situations, it is important to manually discontinue the duplicate still active in PIP from the other pharmacy since this prescription was not downloaded by the pharmacy. The same procedures apply for e-prescriptions in PIP.

Is there a different process expected when transferring from a Saskatchewan pharmacy and from an out of province pharmacy?

Yes. One can't download an out-of-province prescription from PIP as it does not exist in the PIP database. Instead, create a new prescription.

SENDING TRANSFERS; SASKATCHEWAN VS. OUT OF PROVINCE

Is there a different process expected when transferring to a Saskatchewan pharmacy and to an out of province pharmacy?

Yes. Transferring a prescription out of the pharmacy should be performed according to vendor manual when sending the prescription to another pharmacy in Saskatchewan. However, when transferring the prescription out of the province it is important to ensure this prescription does not remain active in PIP and to add a "note" to clarify why the pharmacist revoked the prescription in PIP after it left the province (e.g. note: "revoked because transferred out of province"). Therefore, if or when the prescription is transferred back into Saskatchewan at a later date, then a new Rx is created locally (not downloaded) and no active duplicate remains in PIP.

Do you know how to add a "note" to clarify a prescription on PIP?

Adding a note in PIP is possible directly from the PIP website (GUI - graphic user interface) and through the network profile. Contact vendor support for additional information and capabilities of your vendor software. This note may be attached to a prescription in PIP or to a specific prescription dispense for the appropriate clarification in the GUI.

REVIEWING FAILED TRANSACTIONS

What is a Failed Transaction?

A transaction (e.g. a dispense) that is not successfully transmitted to PIP (i.e. missing from PIP). All failed transactions are not viewable in PIP and therefore not available for clinical review by Saskatchewan healthcare practitioners. This transaction may or may not have been submitted to the Drug Plan for adjudication or capture.

Failed transactions have several impacts to patient safety:
- Clinical decisions may be made on incomplete and inaccurate PIP profile information (incomplete BPMH)
- Prescriptions not in PIP are not involved in contraindication checking

Why do Transactions Fail?

Transactions can fail to transmit for several reasons, including:
- System downtime/failure to retransmit

- Bypassing PIP due to unresolved warning/error messages
- Prescriptions for patients with masked profiles
- Drugs not in the PIP drug database
- Data mismatch (i.e. date of birth or gender mismatch)
- Set up of NPN's on local system

Do you check and resolve your failed transactions daily?

Failed transactions should be reviewed and resolved daily.

Each software vendor has a different name for the failed transaction report. Members who are not aware of how to access the report should contact their vendor to have them provide this information.

Following are the names of the different vendors' failed transaction reports:
- Delta: Provincial Not Sent Report
- Kroll: Failed Claims Report
- McKesson: Non-DIS Transaction Report
- ProPharm: Non-DIS Transaction Report
- TELUS: DIS Unsent Report

PIP PICKUP IS MISSING OR INACCURATE

What is a pickup message in PIP?

Each dispense will transmit two messages to PIP: a dispense message and a pickup message. When the dispense message fails to transmit to PIP, it translates to a failed transaction. When the pickup message fails to transmit to PIP as intended based on pharmacy configurations, this causes a failed or unsent pickup message. It is very important the pharmacy staff understand "how" (configuration) the pharmacy transmits pickup messages to PIP (manually, automatically, or a combination).

How does my pharmacy transmit a pickup message and how can I monitor this data?

Dispense pickup message transmission to PIP can be configured uniquely in the pharmacy vendor:

Manual Pickup Messages
A dispense pickup could be transmitted via a Point of Sale (POS) system integrated with pharmacy vendor software or via a manual function directly in the pharmacy vendor software. This will record a date to PIP which matches the exact date payment was performed in the POS or the exact date when the manual transmission of the message was performed by pharmacy staff. There is a human element which determines when or if this separate pickup message is transmitted. The following suggestions are provided to monitor the data quality in PIP:

- Review best practices with staff to prevent human error

- Review vendor reports available regarding the pickup bins to identify unsent pickup messages regularly

- Contact vendor support to help retrigger failed pickup messages that need to be sent to PIP

- Contact eHealth Service Desk for further details on unsent pickup messages not transmitted

- Caution when locally retransmitting pickup message on a different date (clarify inaccurate PIP pickup date with a dispense "note")

Automatic Pickup Messages

A dispense pickup which occurs immediately upon processing the related dispense in the pharmacy vendor software. This will transmit a date of pickup to PIP which corresponds to the exact date each dispense was processed from the vendor software. There may be a method of modifying this date manually; contact vendor support for additional information. The following suggestions are provided to monitor the data quality in PIP:

- Caution filling prescriptions prematurely as the date of pickup will reflect the date of fill in the pharmacy

- Educate staff to understand pickup date sent to PIP does not always match actual date of pickup by patient and review how to communicate with other health professionals appropriately

- Ensure dispenses are reversed in a timely manner in pickup bins

- Manually adjust date of pickup when appropriate (pharmacist judgment)

DUPLICATE PRESCRIPTIONS

McKesson/ProPharm: What is the manual process for preventing duplicates when renewing a prescription?

It is important to understand how to properly manually discontinue old prescriptions that are no longer active. In specific vendors such as McKesson and ProPharm this may require discontinuing a prescription number prior to creating a new prescription to prevent duplicate PIP data. Consult your vendor for appropriate assistance to confirm.

ADDING ALLERGIES INTO PIP

How does inputting allergies and allergy checking work in the PIP?

Any healthcare provider, such as a pharmacist with the appropriate privileges, can confirm, refute and add intolerances to the PIP. However, allergies can only be added into PIP as a "suspected allergy." Only physicians can confirm or refute allergies in PIP. Allergies can be inputted into PIP directly from the vendor software or through the GUI. Refer to vendor support materials for further instruction.

Whenever a prescription is created the medication(s) are checked against the active allergies and intolerances on the patient PIP profile and the appropriate alert is issued to the pharmacist depending on whether the issue is an allergy, cross-sensitivity to an allergy, or intolerance. Cross-sensitivities are determined based on the appropriate allergen groups of a drug and this data comes from First Databank. Whenever a drug allergy or intolerance is created or updated to active, it will be checked against all active prescriptions and also all active non-prescribed drugs on the patient profile.

How do I sync my local allergy profiles to PIP and vice versa?

Syncing local allergies in vendor software to PIP or syncing PIP allergies to the local software is possible and helps to maintain consistent and complete allergy profiles. However, specifics can only be found through contacting pharmacy vendor support.

DISCONTINUING PRESCRIPTIONS FROM ANOTHER PHARMACY

Active duplicate prescriptions in PIP from a different pharmacy should be identified by the pharmacist filling a prescription. The pharmacist is responsible to ensure the prescription being filled is appropriate and safe before dispensing. Contact with both the previous pharmacy and the patient directly may be required to ensure optimal patient care is achieved. This is of particular emphasis when filling a controlled drug or narcotic.

If filling the prescription is deemed appropriate, then the dispensing pharmacy is not responsible to correct another pharmacies prescription without the consent of the patient.
A good option to address the duplicate prescription would be to phone the other pharmacy to make them aware of the situation so they may take the appropriate action on the patient's PIP profile. However, if the patient does provide direct permission to discontinue a prescription on PIP, then the pharmacist may proceed.

The pharmacist should also correct any duplicates created from failing to download a prescription transfer or e-prescription from PIP.

A third situation that may occur would relate to a pharmacy that is the sole provider for the patient (e.g. nursing home contract). In this situation the pharmacist should be aware that he/she is responsible for the entire PIP profile. This may result in discontinuing or transferring in old prescriptions from another pharmacy if appropriate clinically after the appropriate medication reconciliation process has been performed.

If you have any questions, or need more information contact:

eHealth Service Desk

- Toll Free: 1-888-316-7446
- Regina: 306-337-0600
- Fax: 306-781-8480
- Email: servicedesk@eHealthSask.ca
- For additional information on PIP QIR, click here.