



# Maryland PDMP RxGov Data Submitter User Guide v5.0

Maryland Department of Health  
Public Health Services

Office of Provider Engagement and Regulation (OPER)

Prescription Drug Monitoring Program (PDMP)

September 2024

## Disclaimer

The content represented within this document is current upon the date of publication. Some material may or may not apply to the user's individual circumstances due to differences in user role options enabled, and the user's specific client setup. Refer to the latest release notes for additional updates.

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## About RxGov

RxGov is a software application that records and tracks dispensed prescriptions, encompassing controlled substances (CS) and naloxone, for Maryland's Prescription Drug Monitoring Program (PDMP).

RxGov is designed to be a comprehensive system which facilitates communication between multiple user groups to ensure patient confidentiality, data security, and the presentation of accurate information. The RxGov application operates in an online environment that does not require any special hardware or software and allows a user to access her/his RxGov account anywhere internet access is available.

### RxGov Version

At the bottom left of the screen, the current version of RxGov is displayed.



## Purpose

The PDMP is authorized by [Health General Article, Section 21-2A-02](#), Annotated Code of Maryland (Chapter 166, 2011). The purpose of the PDMP is to reduce the non-medical use, abuse, and diversion of prescription drugs while preserving legitimate patient access to optimal pharmaceutical-assisted care. Program regulations have been promulgated under Code of Maryland Regulations (COMAR) 10.47.07.

Maryland statute grants the Maryland Department of Health (MDH) authority over the PDMP. The MDH Secretary has assigned oversight responsibilities to the Department's Public Health Services. MDH has partnered with Chesapeake Regional Information System for our Patients (CRISP), the designated statewide health data utility (HDU) to design, implement, and operate core PDMP information technology (IT) services. CRISP has contracts with Leap Orbit to develop a database that will collect and store data on the dispensing of CS in the State. Leap Orbit's RxGov is a web-based program that facilitates the collection, analysis, and reporting of information on dispensed CS and naloxone prescriptions.

In the Maryland 2022 Legislative Session, [Chapter 224](#) "Public Health – Prescription Drug Monitoring Program (PDMP) – Naloxone Medication Data" passed. This means that dispensers who currently report CS dispenses to the PDMP will also be required to report naloxone prescriptions to the PDMP. Maryland law requires each dispenser to electronically submit information regarding every CS and naloxone medication dispensed pursuant to a prescription to the PDMP.

MDH and CRISP establish and maintain procedures to ensure that the privacy, confidentiality, and security of patient information collected, recorded, transmitted, and maintained is not disclosed except as authorized by Health General Article, Section 21-2A, Annotated Code of Maryland, and Code of Maryland Regulations (COMAR) 10.47.07.

The *Maryland PDMP RxGov Data Submitter User Guide* serves as a comprehensive, step-by-step resource for implementing and training data submitters. It offers detailed information for ensuring compliance with PDMP reporting requirements.

The intended audience for this document is any licensed pharmacy or dispenser who dispenses a prescription drug in or into Maryland and/or the dispensing software vendor who facilitates uploading prescriptions on behalf of a pharmacy or practitioner dispenser.

## How Does RxGov Work?

RxGov serves as a universal point of contact at all steps of the prescription dispensing process.

When a patient visits a health care provider and the provider considers prescribing a CS to that patient, the provider, in most cases, must first review the Prescription Drug Monitoring Program (PDMP) to manage the benefits and risks of CS medications and identify potentially harmful drug interactions.

Before dispensing a prescribed CS medication, a Dispenser may review the PDMP and verify that there is not a likelihood of harmful or hazardous use of the medication by the patient.

By submitting data for a dispenser or group of dispensers, a Data Submitter keeps the RxGov database current and ensures that the data reviewed by health care providers and dispensers is accurate.

## Program Overview

The Prescription Drug Monitoring Program (PDMP) is authorized by state statute to monitor dispensed medications, provide information to improve the health and safety of patients, and help prevent the harmful use of prescribed CS.

Those who submit or receive information from the PDMP must provide reasonable privacy protections in accordance with the Health Information Portability and Accountability Act (HIPAA).

In order to maintain the most comprehensive medication data set possible, patients cannot opt out of the PDMP.

## Data Collection and Reporting Requirements

The PDMP is required by law to monitor the dispensing of prescription drugs that contain a Schedule II, III, IV, or V medication as designated under Title 5, Subtitle 4 of the Criminal Law Article, Annotated Code of Maryland. With few exceptions, Maryland's CS schedules parallel those in federal law. [The Office of Controlled Substances Administration](#) (OCSA), Maryland's CS permit authority, maintains a list of drugs included in the Maryland CS schedules that are not included in the federal schedules.

The following sections describe reporting expectations and exemptions, registration requirements, reporting methods, data standards, and guidelines for zero reporting within the RxGov PDMP platform.

## Reporting Expectations

To fulfill the PDMP data collection requirement, CS dispensers are required to electronically report data on all Schedule II, III, IV, and V medications and naloxone prescriptions dispensed to a patient or a

patient's agent in the State. "Dispenser" includes licensed pharmacies, whether in-state or non- resident, as well as licensed healthcare practitioners who dispense CS and naloxone. Certain specified entities and types of drug delivery/dispensing are exempt from reporting. For more information see [Reporting Exemptions](#). The following procedures must be followed per Maryland statute (Health-General Article, Section 21-2a):

- Dispensers are required to electronically report data on CS and naloxone prescriptions dispensed to a patient (human or non-human) in the state or to an address in the state.
- Every 24 hours, dispensers are required to provide data in a standardized format, or they may provide zero reports if no medications were dispensed that met the required criteria.
- Data is encouraged to be provided as close to real-time as possible.
- In the event the records provided by a dispenser are not in the correct format, unreadable, or damaged, RxGov will not load the record and will report the error(s) to the data submitter for correction.

As part of the medication history hosting service, RxGov provides appropriate infrastructure to accept data supplied by dispensers as required by state statute.

- Chain pharmacy data may be submitted from your central office. Please verify this with your corporate or central office.
- If you are an independent pharmacy or dispensing practitioner who works with a pharmacy or practice management system vendor, forward the reporting requirements to your software vendor.
- System changes may be necessary to create the data file in the correct format, and the pharmacy or vendor may be able to submit the data on your behalf. If not, follow the instructions provided in the [Data Submission](#) section to submit the data.
- If you are a dispenser that submits its own data, follow the instructions provided in the [Data Submission](#) section to submit the data.

## Reporting Exemptions

The following **types of drug delivery** are exempt from the PDMP reporting requirement:

1. Direct administration of CS to a patient.
2. Provision of patient drug samples at no charge (in accordance with Health Occupations Article, Section 12-102(d), Annotated Code of Maryland).

**Inpatient Hospice Dispensing:** Pharmacies that dispense CS to patients in an inpatient hospice facility may apply to MDH for a waiver from reporting PDMP data when dispensing to hospice inpatients. This waiver only applies to dispensing to inpatient facilities that are currently licensed as a "general license hospice" by the MDH Office of Health Care Quality (OHCQ) **AND** have a valid "Certificate of Need" issued by the Maryland Health Care Commission (MHCC). Pharmacies issued an inpatient hospice waiver still must report all other CS dispensing (i.e., outpatient dispensing). To apply for a waiver, pharmacies must provide information on how they will differentiate dispensing to hospice inpatients from other dispensing required to be reported to the PDMP and are subject to unannounced, on-site inspections by MDH to verify reporting on dispensing.

The following **persons or entities** are exempt from the PDMP reporting requirement:

1. Licensed hospital pharmacies that only distribute CS for direct administration to a patient receiving inpatient care in the hospital.

2. Pharmacies issued a waiver permit under COMAR 10.34.17.03 (“waiver pharmacies”) that provide pharmaceutical specialty services exclusively to persons living in assisted living facilities, comprehensive care facilities, and developmental disabilities facilities.
3. Opioid treatment service programs that are certified under Health-General Article § 8-401 or licensed by the State under Health-General Article § 7.5–401, Annotated Code of Maryland, and comply with Code of Federal Regulations 42, Part 8, COMAR 10.47.02.11, and requirements for the secure storage and accounting of opioid medication imposed by the federal Drug Enforcement Administration and the state OCSA.
4. Veterinarians licensed under Agriculture Article, Title 2, Subtitle 3, Annotated Code of Maryland when dispensing controlled substances for animals in the usual course of providing professional services.

## Registration Requirement

All persons or entities that are not exempt from the reporting requirement are required to submit data to the PDMP. The individual or entity submitting data must complete registration with RxGov. For more information, see the [Creating Your Account](#) section.

**This requirement is separate from any duty for a pharmacist or prescriber to register for clinical access to PDMP data.**

In general, the reporting registration requirement applies to holders of the following credentials:

- Pharmacies that have a current license issued by the Maryland Board of Pharmacy, a current CDS permit issued by the Maryland OCSA, and a Maryland DEA number.
- Licensed healthcare practitioners who have both a current CDS permit issued by the OCSA **AND** a current prescription drug dispensing permit issued by their board of licensure (including the Board of Physicians, the Board of Dental Examiners, and the Board of Podiatric Medical Examiners; the Board of Nursing does not issue dispensing permits).

## Reporting Data Standard and Deadlines

The PDMP requires prescription data be reported electronically in the American Society for Automation in Pharmacy (ASAP) Standard for Prescription Monitoring Programs. Submission of paper reports or hard copies of digital media (e.g., mailed CD or flash drive) are not permitted. Approved electronic reporting methods include secure FTP (SFTP) over SSH, SSL website, or the online Universal Claim Form (UCF).

The PDMP requires all reports be submitted in the ASAP Standard for Prescription Monitoring Programs. Detailed specifications for ASAP are listed in [Appendix A: ASAP Specifications](#). Additions and changes to the ASAP format and Maryland requirements are indicated in **Appendix A**. These changes are due to Maryland adopting ASAP 5.0 updates and aligning with current standards across the country to improve data quality and provide better information to clinicians/users.

Dispensers must report CS prescription drug dispensing to the PDMP every 24 hours, including the submission of a ‘Zero Report’ on days when no CS or naloxone prescriptions were dispensed.

If a dispenser’s report is rejected by the PDMP as incomplete or inaccurate, the dispenser **must** submit a corrected report within three (3) business days of being notified by RxGov of receipt of incomplete or inaccurate data.

If a dispenser suffers a mechanical, electrical, or other technical failure that, as a direct consequence, precludes the dispenser's ability to submit an electronic report, the dispenser must notify MDH within 24 hours of discovery of the technical failure and report data on each drug dispensed during the period of technical failure as soon as possible, but no later than 24 hours following re-establishment of the means of electronic reporting.

To report a technical failure to MDH, e-mail [mdh.pdmp@maryland.gov](mailto:mdh.pdmp@maryland.gov) or call (410) 402-8686.

## Guidelines for Zero Reporting

If a dispenser has no CS dispensing transactions to report for the day, the dispenser must submit a zero report, as described in the [Reporting Zero Dispensing](#) topic in this guide.

## Submitter Account

The following sections describe RxGov PDMP account creation, modification, account lockout, updates to profile details, and viewing of system notifications.

## Creating Your Account

To submit data, you will first need to create a Submitter account. If you have already created your account, proceed to the appropriate section of this document that outlines the steps you must follow to submit your data.

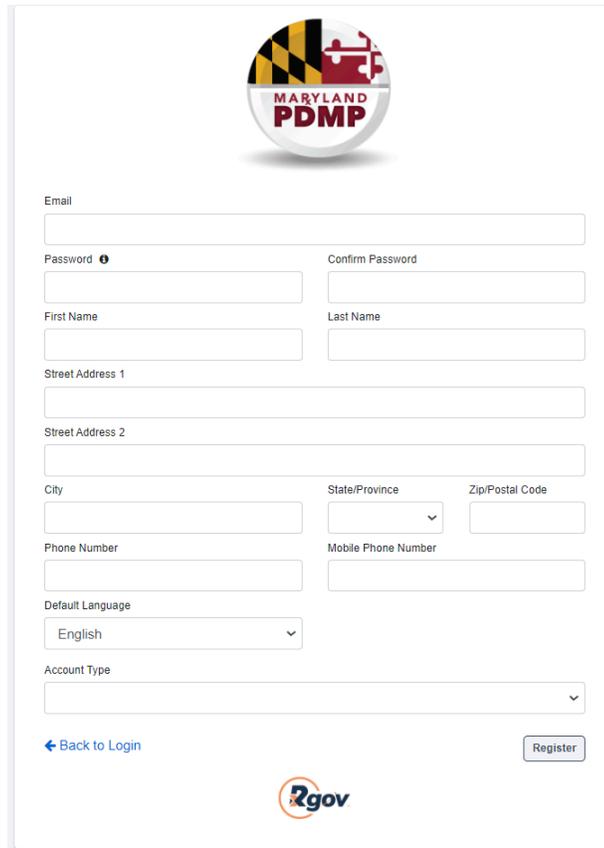
Complete the following steps to create a new RxGov user account:

1. Go to the RxGov homepage at <https://mdpdmp.rxgov.com/login>.



The screenshot shows the login and registration interface for the Maryland PDMP system. At the top center is a circular logo featuring the Maryland state flag and a red puzzle piece, with the text "MARYLAND PDMP" below it. Below the logo are two input fields: "Email" and "Password". To the left of the "Password" field is a blue link for "Forgot password?". To the right are two buttons: "Register" and "Login". At the bottom center is the "Rxgov" logo.

2. On the RxGov homepage, click **Register**.



The screenshot shows the registration form for the Maryland Prescription Drug Monitoring Program (PDMP) on the RxGov website. At the top center is the Maryland PDMP logo, which features the state flag and a red pill icon. Below the logo are several input fields: a single-line text box for 'Email'; two single-line text boxes for 'Password' and 'Confirm Password'; two single-line text boxes for 'First Name' and 'Last Name'; two single-line text boxes for 'Street Address 1' and 'Street Address 2'; a single-line text box for 'City'; a dropdown menu for 'State/Province'; a single-line text box for 'Zip/Postal Code'; a single-line text box for 'Phone Number'; a single-line text box for 'Mobile Phone Number'; a dropdown menu for 'Default Language' with 'English' selected; and a dropdown menu for 'Account Type'. At the bottom left is a blue link that says 'Back to Login', and at the bottom right is a grey button that says 'Register'. The RxGov logo is centered at the very bottom of the form area.

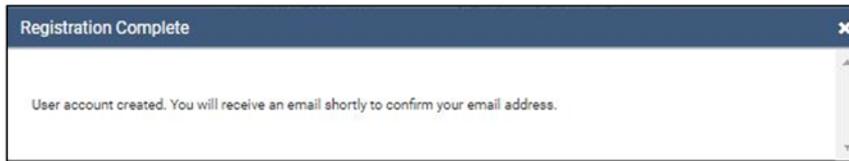
3. Enter the following required information:

- **Email** (This email will become your username) - Use the email that will be best for receiving error reports and correspondence.
- **Password:** Passwords must be at least 8 characters in length, contain uppercase and lowercase characters, and contain at least one special character and one digit.
- **Confirm Password**
- **First Name**
- **Last Name**
- **State**
- **Phone Number**

Enter the following information:

1. **Street address**
2. **City**
3. **Zip code**
4. In the Account Type menu, select **Submitter**.
5. Enter your **Submitter Name**.
6. **DEA Number – validated by RxGov.**
7. Click **Register**.

- View the displayed **Registration Complete** message and verify that a message was sent to the email address associated with the account.



- Click the link provided in the confirmation email to confirm the email address.
- Wait for an RxGov Administrator to activate the account. Newly created accounts must be activated by an RxGov Administrator before the user can proceed to log in.
- After the RxGov Administrator activates the new account, a **Confirm your RxGov Account** email is sent to the email address associated with the account.  
*\*Note: If a confirmation message is not received, check the Spam folder in your email application. If the message is not found, contact your Admin to have the confirmation resent.*
- Once an Administrator has approved the account, open the RxGov URL and use the email address (username) and previously created password to log into RxGov.

## Modifying Your Account

Use the following procedures to recover a forgotten password or to change your password.

### Forgot Your Password

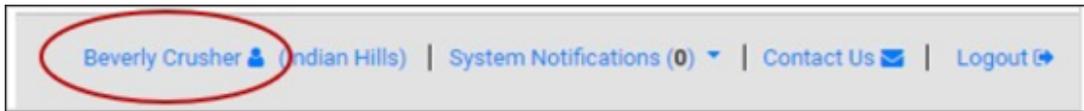
- Log on to the RxGov homepage at <https://mdpdmp.rxgov.com/login>.
- Select **Forgot password?**
- An email with a link to reset the password is sent to the email address associated with the account.



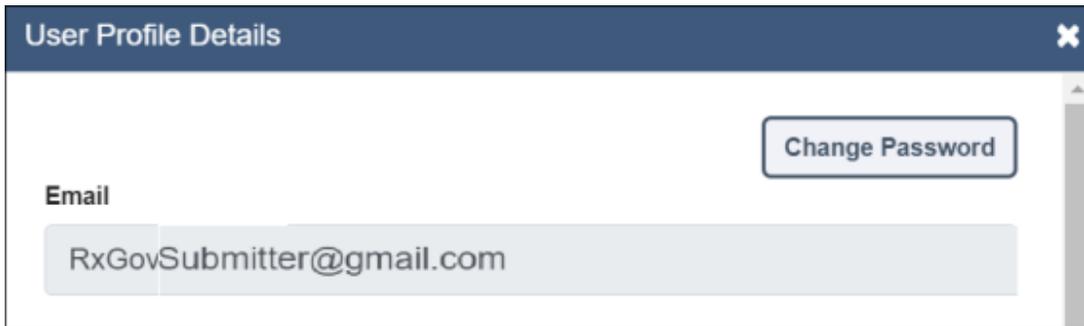
### Change Your Password

- Log on to the RxGov homepage at <https://mdpdmp.rxgov.com/login>.

2. On the top menu bar, select your **username**.



3. On the **User Profile Details** page, click **Change Password**.



4. Enter your current password in the **Current Password** field.
5. Enter your new password in the **New Password** field.
6. Enter your new password in the **Confirm New Password** field.
7. Click **Change Password**.



## Account Lockout

User accounts are locked out after five failed login attempts. The account remains locked for 30 minutes. After 30 minutes, the user can attempt to log in again. If needed, contact Support ([rxgovsupport@leaporbit.com](mailto:rxgovsupport@leaporbit.com) or 1-844-767-4767).

## Update Profile Details

Complete the following steps to modify or update existing information in your account:

1. Log on to RxGov: <https://mdpdmp.rxgov.com/login>.
2. On the top menu bar, click your **username**.
3. On the User Profile Details page, update any of the following information:
  - **First Name**
  - **Last Name**
  - **Street Address**
  - **City**
  - **State**
  - **Zip Code**
  - **Phone Number**
  - **Mobile Number**
4. Click **Save**.

Complete the following steps to update your **Submitter Name**:

1. Log on to RxGov: <https://mdpdmp.rxgov.com/login>.
2. On the top menu bar, click **username**.
3. On the User Profile Details page, click **Change Identifier Fields**.
4. On the **Create User Identifier Change Request Ticket** page, please provide an explanation for the change to your identifier in the comment box.
5. Enter a new submitter name in the **Submitter Name** field.
6. Click **Submit**.  
***Note:** This change initiates an approval request sent to an RxGov Admin and is not updated until the Admin completes the approval.*

## Viewing System Notifications

System notifications are set by System Administrators, visible to all users, and contain information about updates, system outages, or planned downtime. They also contain information relevant to the use of the system.

Select **System Notifications** on the top menu bar to view system notifications. Select an option for the system notifications from the displayed drop-down menu.



## Data Delivery Methods

The following sections provide information regarding descriptions of the various methods used to submit data from the RxGov application to the PDMP.

## Timeline and Requirements

Upon receipt of this guide, dispensers and software vendors serving as data submitters can establish submission accounts by accessing <https://mdpdmp.rxgov.com/login>. If you are creating a new account, instructions are provided in the [Creating Your Account](#) topic in this document.

## Reporting of Retroactive Dispensing Data

If there are any gaps in your data submission history to the PDMP, dispensers must retroactively report data on CS prescription drugs dispensed starting **January 1, 2014**, or the date the dispenser began dispensing CS prescriptions, whichever is later. Naloxone prescriptions should be reported starting on **July 20, 2023**, or the date the dispenser began dispensing naloxone, whichever is later.

Dispensers should report all available information from the fields identified in the **Required Prescription Information** section. Retroactive reporting ensures that the PDMP database has a complete history of CS and naloxone prescriptions.

## DEA Validation

As a user, when submitting ASAP files via the user interface (UI), SFTP, UCF file, or when submitting Zero reports, the dispenser and prescriber DEA number must be validated to avoid incorrect DEA numbers from being submitted into the system.

DEA Validation occurs when the following events occur:

- A DEA number is entered for the first time during RxGov account registration.
- A DEA number is entered during prescription submission.
- When a previously submitted DEA number is updated or edited in error corrections.

When a DEA number is entered, it must be entered in a valid format. Additionally, the DEA number entered must match the DEA Registrant file. If the entered DEA number is not valid, an error or a warning is displayed depending on which parameter is invalid.

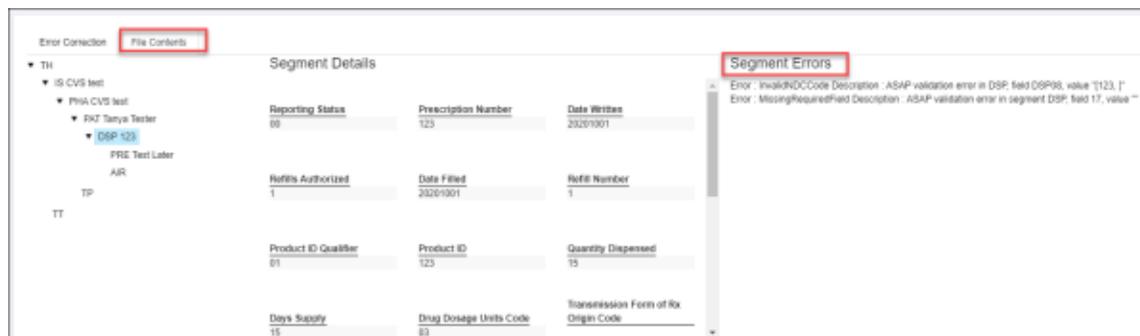
- **An error** – If the file is uploaded, but the prescription is not, the user must correct the prescription record from the RxGov UI or submit a new file.
- **A warning** – If the file and the prescription are uploaded, the user may correct the DEA number from the RxGov UI if it is incorrect or ignore the warning if the user is certain that the value is correct.

Errors and warnings are displayed in the **Submission History** page in the **My Submissions** menu. If allowed, corrections can be made in the **Correction** text box under the **Error Correction** tab.



File Name	# of Records	# of Errors	# of Uncorrected Errors	# of Warnings
TanyaPrescriber_Test file_ZeroReportIncluded_NeHIIUAT1 .xt	4	4	4	0

To view further details regarding the errors listed, view the **Segment Errors** section under the **File Contents** tab on the Submission History page under the My Submissions menu.



## Expected Validation Outcomes

The DEA Validation process presents certain messages when the entered DEA number is not in a valid format or does not match the DEA Registrant file. Validation outcomes vary depending on the RxGov feature being performed. For example, invalid DEA number entries present different outcomes during initial registration, while editing a user profile in the User Management Menu, or while submitting a file in the various file submission methods. The following descriptions provide an outline of expected DEA Validation outcomes for each feature being performed.

### User Registration DEA Validation

When a new user is registering an account, the following DEA Validation outcomes are expected.

- **If the entered DEA number is not in a valid format:** User registration is not processed until a DEA number with a valid format is provided.
- **If the DEA number entered does not match the DEA number on file:** The user registration is processed. In the User Management menu, Admins may view details indicating that the DEA number is not found in the DEA Registrant file. Admins have the option to update the DEA number in the user profile after it is confirmed with the registrant (following an out of the system process) and RxGov can match the new DEA entry with the most current DEA Registrant file.

### ASAP File Submission DEA Validation

When submitting an ASAP file, the following DEA Validation outcomes are expected.

- **If the entered DEA number is not in a valid format:** The DEA number is **required** for both the dispenser and the prescriber (unless the prescription is for naloxone, then the DEA number or the NPI number for the prescriber will be accepted with the same caveat). When either DEA does not meet validation rules for format, an **error** for that prescription is displayed. The prescription is rejected, and the data submitter must correct the error within 3 business days.
- **If the DEA number entered does not match the DEA number on file:** If the Dispenser or Prescriber DEA number does not match the DEA Registrant file, a **warning** for that prescription is displayed. In these cases, RxGov will validate that the DEA number is in the correct format and will check the DEA number retroactively when the new monthly DEA registrant file is received.

### SFTP File Submission DEA Validation

When submitting an SFTP file, the following DEA Validation outcomes are expected.

- **If the entered DEA number is not in a valid format:** The DEA number is **required** for both the dispenser and the prescriber (unless the prescription is for naloxone, then the DEA number or the NPI number for the prescriber will be accepted with the same caveat). When either DEA does not meet validation rules

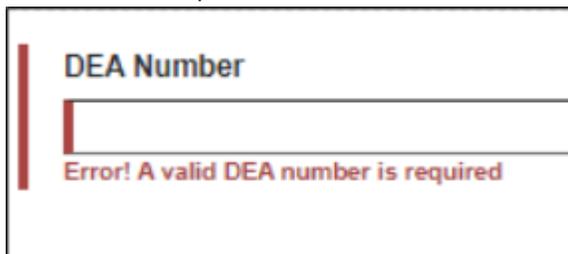
for format, an **error** for that prescription is displayed. The prescription is rejected and the data submitter must correct the error within 3 business days.

- **If the DEA number entered does not match the DEA number on file:** If the Dispenser or Prescriber DEA number does not match the most recent DEA file, a **warning** for that prescription is displayed. The data submitter must review the DEA number and correct it if it was entered erroneously. There are rare occasions when the DEA number is new and may not match the DEA Registrant file.

### Universal Claim Form (UCF) File Submission DEA Validation

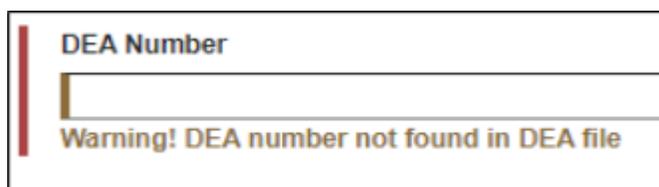
When submitting a file via UCF, the DEA number format is automatically verified upon entry. The following DEA Validation outcomes are expected.

- **If the entered DEA number is not in a valid format:** The DEA number is **required** for both the dispenser and the prescriber (unless the prescription is for naloxone, then the DEA number or the NPI number for the prescriber will be accepted with the same caveat). When either DEA does not meet validation rules for format, the manual submission is not processed until a DEA number (Dispenser and Prescriber) with a valid format is provided. The user cannot continue until the format in the DEA field is correct.



A screenshot of a form field labeled "DEA Number". The field is empty. Below the field, a red error message reads: "Error! A valid DEA number is required".

- **If the DEA number entered does not match the DEA number on file:** The manual submission is processed; however, a warning for the DEA number (Dispenser or Prescriber) is displayed and the user may either correct the value or do nothing if they know the submitted number is a valid DEA number. The data submitter must review the DEA number and correct it if it was entered erroneously. There are rare occasions when the DEA number is new and may not match the DEA Registrant file.



A screenshot of a form field labeled "DEA Number". The field is empty. Below the field, a yellow warning message reads: "Warning! DEA number not found in DEA file".

### Zero Report File Submission DEA Validation

When submitting a Zero Report, the following DEA validation outcomes are expected.

- **If the entered DEA number is not in a valid format:** The DEA number is **required** for the dispenser. When the DEA number does not meet the validation rules for format, the report submission is not processed until a DEA number with a valid format is provided. The user cannot continue until the format in the DEA field is correct.
- **If the DEA number entered does not match the DEA number on file:** The Zero Report is processed. A warning for the Dispenser DEA number is displayed. The user may either correct the value or do nothing if they know the DEA number submitted in the report is valid. The data submitter must review the DEA number and correct it if it was entered erroneously. There are rare occasions when the DEA number is new and may not match the DEA Registrant file.

## Data File Submission Methods

The three main methods of submitting PDMP data files via RxGov are Secure FTP Over SSH, SSL Website (RxGov Portal), and UCF. Before any submission occurs, the ASAP file is searched for National Drug Codes (NDC) and proper formatting.

When a prescription is submitted, RxGov searches the Medispan database for a National Drug Code (NDC) during ASAP processing first. If the NDC is not found in the Medispan database, the prescription will still be accepted, but a warning is returned for the dispenser to review. The data submitter must review the NDC for correctness or the prescription will not contain all drug information in the PDMP clinical portal.

### *Medispan*

Medispan is a master drug database which provides descriptive drug information on name brand, generic, prescription, and over the counter medications, and herbal products. Medispan includes industry standard identifiers for all brand and generic drugs on the market including NDC, Universal Product Code (UPC) and Health Related Item (HRI) numbers. The database is updated daily and is the standard resource for pharmacies, pharmaceutical manufacturers, health care professionals, and payers.

## Submission Method #1: Secure FTP Over SSH

There are many free software products that support Secure FTP. The PDMP vendor, Leap Orbit, cannot direct or support your installation of operating system software for Secure FTP; however, once the software is set up in your specific environment, complete the following steps to submit files to RxGov using the Secure FTP over SSH method:

1. Prepare the data file for submission using the ASAP specifications described in [Appendix A: ASAP Specifications](#).
2. Send the file to the appropriate SFTP URL and port determined by your Network Administrator.
3. When prompted, enter your data submitter credentials (i.e. username and password).
4. Route the file to the Root Directory.
5. If desired, view the results of the submission in the administration section of RxGov.
6. Log off when the file submission is complete.

Filezilla Example:

General Advanced Transfer Settings Charset

Protocol: SFTP - SSH File Transfer Protocol

Host: sftp Port:

Logon Type: Normal

User: org

Password: .....

General Advanced Transfer Settings Charset

Server Type: Default (Autodetect)

Bypass proxy

Default local directory: / Browse...

Default remote directory:

Use synchronized browsing

Directory comparison

Adjust server time, offset by:

0 Hours, 0 Minutes

RuGov UAT - sftp://bastet.anusis95%4@gmail.com@sftp-ne-uat.rngov.com:17730 - FileZilla

File Edit View Transfer Server Bookmarks Help

Host: Username: Password: Port: Quickconnect

Status: Connecting to sftp-  
 Status: Connected to sftp-  
 Status: Retrieving directory listing...  
 Status: Listing directory /.  
 Status: Directory listing of "/" successful

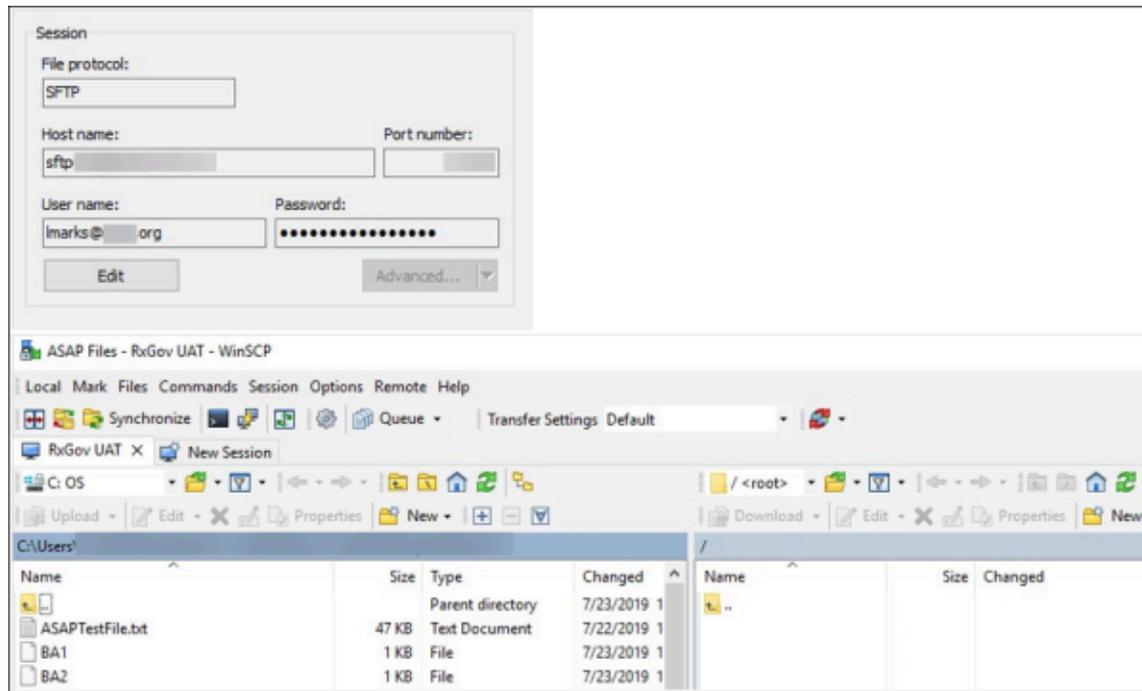
Local site: C:\Users Remote site: /

Filename	Filesize	Filetype	Last modified
ASAPTestFile.txt	47,679	Text Document	7/22/2019 12:04:11...
BA1	475	File	7/23/2019 11:44:14...
BA2	514	File	7/23/2019 11:46:11...

Filename Filesize Filetype Last modified

Empty directory listing

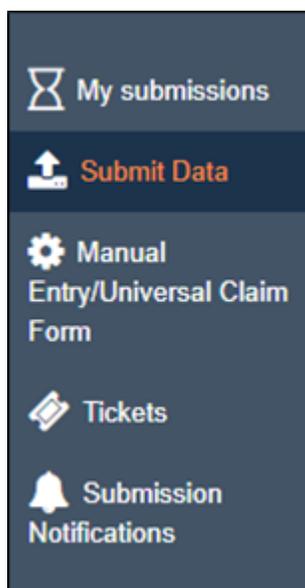
WinSCP Example:



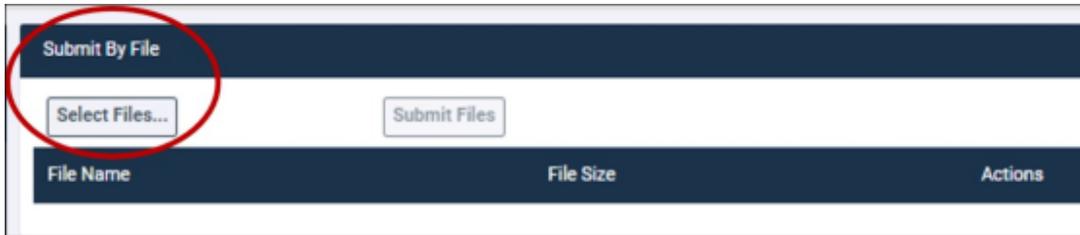
## Submission Method #2: SSL Website (RxGov Portal)

Complete the following steps to submit files to RxGov using the SSL Website (RxGov Portal) method:

1. Prepare the data file for submission using the ASAP specifications described in [Appendix A: ASAP Specifications](#).
2. Log on to RxGov.
3. On the left menu, click **Submit Data**.



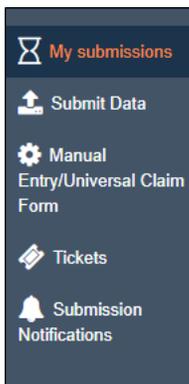
4. In the **Submit By File** section, click **Select Files**.



5. Select the file to be submitted from the stored file location on your computer and click **Open**.
  - a. If a file was selected by mistake, select the red x in the Actions column to remove.
  - b. When all desired files are listed, click Submit Files.



6. (Optional) View the results of the submission in My Submissions.

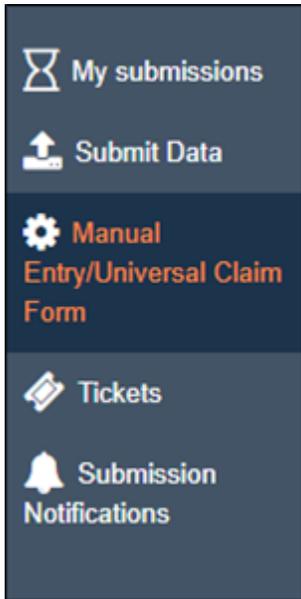


7. Log off when the file submission is complete.

## Submission Method #3: Manual Prescription Entry/Universal Claim Form (UCF)

Complete the following steps to submit files to RxGov using the Manual Prescription Entry/UCF method:

1. Log on to RxGov.
2. On the left menu, select Manual Entry/Universal Claim Form.



3. In the **Pharmacy (Dispenser) Information** section, enter the required information in the text fields (Required information is notated by a red asterisk). For a controlled substance prescription, the DEA number is required.

denotes required fields \*

**Pharmacy / Dispenser**

To begin, please provide at least one of the following identifications for the Dispenser and the Dispenser information available will auto-fill the fields below. For the dispense of a controlled substance, DEA Number is required. \*

Pharmacy Information

National Provider Identifier (NPI) [PHA01] ex: 1234567890	DEA Number [PHA03] ex: ab1234567	NCPDP/NABP Provider ID [PHA02] ex: 1234567	
Pharmacy Name [PHA04] pharmacy name	Chain Site ID [PHA12] chain store number	Phone Number [PHA10] 10-digit number	Pharmacy Permit/License Number [PHA13] ex: a12345
Contact Name for Pharmacy [PHA11] contact for pharmacy	Pharmacy Address - 1 [PHA05] street address		Pharmacy Address - 2 [PHA06] suite, apartment, etc
City [PHA07] city	State [PHA08] select state	Zip Code [PHA09] zip code	

- Enter DEA Number

**\*Note:** After entering a DEA or NPI, the available information from that data source will automatically populate. Please fill in any additional information that is unpopulated.

- NCPDP/NABP Provider ID, if applicable
  - Pharmacy/Practitioner Dispenser Name
  - Pharmacy/Practitioner Dispenser Address - 1
  - Pharmacy/Practitioner Dispensers Address - 2
  - City
  - State/Province
  - Zip/Postal Code
  - Phone Number
  - Contact Name - First name and last name

4. In the **Patient Information** section, enter the required information in the text fields (required information is notated by a red asterisk).

**Patient 1**

(Animal  Human) (Non-U.S. Resident )

Patient Information

Patient Name Prefix [PAT10] select prefix	Patient Last Name [PAT07] * last name	Patient First Name [PAT08] * first name	Patient Middle Name [PAT09] middle name	Patient Name Suffix [PAT11] select suffix
Date of Birth [PAT18] * mm-dd-yyyy format	Gender [PAT19] select gender	Patient Address - 1 [PAT12] * street address	Patient Address - 2 [PAT13] suite, apartment, etc	
City [PAT14] * city	State [PAT15] select state	Zip Code [PAT16] * zip code	Phone Number [PAT17] 10-digit number	
Patient Location Code [PAT21] select id type				

Patient Identification

+ Add Additional Id

Identification Type [PAT02] select id type
---

- **Species code (human or animal/veterinary patients):** Move toggle to appropriate patient type
- **Non-U.S. Resident:** Move toggle selection if a Non-U.S. Resident
- **Patient Name Prefix:** Make selection
- **Patient Last Name**
- **Patient First Name**
- **Patient Middle Name**
- **Patient Name Suffix**
- **Patient Date of Birth**
- **Patient Gender:** Make selection
- **Patient Address (1 & 2), City, State:** Make selection, and **Zip Code**
- **Patient Phone Number**
- **Patient Location Code:** Make selection
- **Identification Type:** Make selection
- **Issuing State:** Make selection
- **Patient ID Number**

**Dispense 1**

Prescription Information

Reporting Status [DSP01] * New Record	Prescription Number [DSP02] * prescription number	Date Written [DSP03] * 11-03-2023	Quantity Prescribed [DSP22] 0 or more	Refills Prescribed [DSP04] * 0 or more
Date Filled [DSP05] * 11-03-2023	Prescription Origin/Transmission Type [DSP12] Written Prescription	Refill Number [DSP06] * refill number	Partial Fill Indicator [DSP13] partial fill indicator	Date Sold [DSP17] 11-03-2023
Payment Type [DSP16] Private Pay (Cash, Charge, Credit Card)	Product ID Type [DSP07] * NDC	Product ID [DSP08] * ex: 01234567890	Quantity Dispensed [DSP09] * 0 or more	Dose Unit [DSP11] Each
Days Supply [DSP10] * 0 or more	Treatment Type [DSP24] select treatment type	Rx Sig [DSP23] directions on prescription label, will truncate after 200 characters		
Pharmacist Last Name [AIR09] last name	Pharmacist First Name [AIR10] first name	Diagnosis Code [DSP25] ex: a12-123-0		

5. In the **Prescription Information** section, enter the required information in the text fields (required information is notated by a red asterisk).

- **Reporting Status: Make selection**
  - **New Record** - Status for a new Rx.
  - **Revise** - Status of a record being edited.
  - **Void** - Status for voided or canceled records.
- **Prescription Number – Required for ALL prescriptions, including for Prescriber Dispensers; MUST be a unique number**
- **Date Written**
- **Quantity Prescribed**
- **Refills Authorized**
- **Date Filled**
- **Prescription Origin/Transmission Type: Make selection**
- **Refill Number**
  - **00** for original dispensing.
  - **01** for first refill, **02** for second refill, etc. up to 99
- **Partial Fill Indicator**
  - **00** for no partial fill
  - **01** for first partial fill, **02** for the second partial refill, etc. up to 99.
- **Date Sold**
- **Payment Type**
- **Product ID Qualifier: Make selection of the drug National Drug Code (NDC)**
- **Product ID**
- **Quantity Dispensed**
- **Dose Unit: Make selection**
- **Days Supply**

- **Treatment Type: Make selection**
- **Rx Sig**
- **Pharmacist Last Name**
- **Pharmacist First Name**
- **Diagnosis Code**

### Prescription for a Compound Medication

If Compound is chosen in the Product ID Type [DSP07] field, 99999 will automatically be filled in the Product ID field [DSP08]. When this occurs, an additional Compound Drug Information section will appear.

Enter the ingredients for compounded medications.

- **Sequence Number** – The order of ingredients in the compound. The number **1** is used for the first ingredient, **2** for the second, etc.
- **Product ID Type** (usually drug NDC): Make selection
- **Product ID** - Provide the NDC number.
- **Quantity Dispensed** - Enter the quantity of the ingredient.
- **Dosage Units Code: Make selection**

Click the Add button and more fields will appear for the next ingredient. Continue this process until all ingredients in the compound have been added.

### Prescriber Information

6. In the **Prescriber Information** section, enter the required information in the text fields (required information is notated by a red asterisk).

- **DEA Number**
- Enter National Provider Identifier (NPI), if applicable, for a non-scheduled prescription (naloxone), if the DEA Number is not entered

**\*Note:** After entering a DEA or NPI, the available information from that data source will automatically populate. Please fill in any additional information that is unpopulated.

- Prescriber DEA Number – Suffix
- Issuer of Prescriber License Number: Make selection
- Prescriber State License Number
  - **Prescriber Last Name**
  - **Prescriber First Name**
  - **Prescriber Middle Name**
  - **Prescriber Phone Number**

### ***Rx Serial Number***

Rx Serial Number

<b>State Issuing Rx Serial Number [AIR01]</b> select state ▼	<b>Rx Serial Number [AIR02]</b> ex: abc123456789
---	---

- **State Issuing Rx Serial Number: Make selection**
- **Rx Serial Number**

### ***Non-Patient Rx Pick Up/Drop Off***

Non-Patient Rx Pick Up/Drop Off

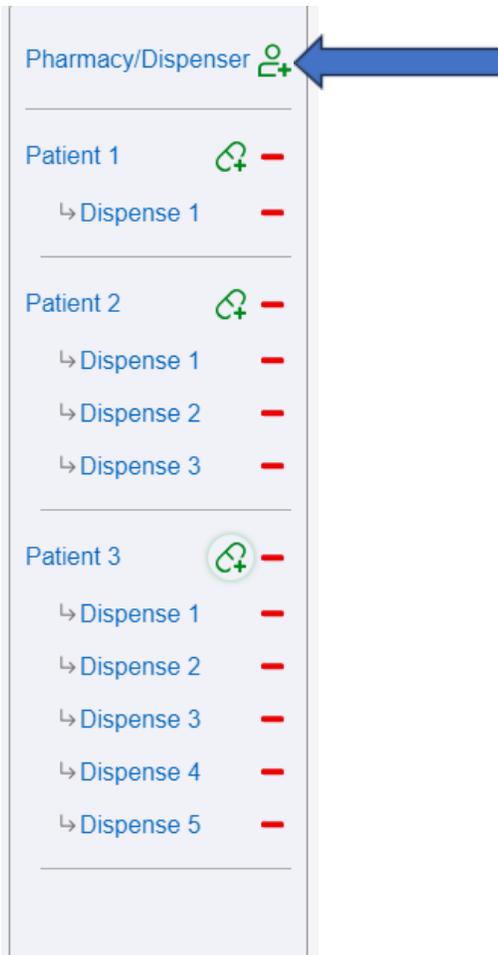
<b>Non-Patient Pick Up or Drop Off [AIR11]</b> select action ▼	<b>Non-Patient Identification Type [AIR04]</b> select id type ▼
---	--

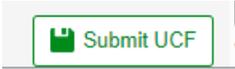
- **Non-Patient Pick Up or Drop Off: Make selection**
- **Non-Patient Identification Type: Make selection**
- **Non-Patient ID Issuing State: Make selection**
- **Non-Patient ID Number**

7. To **Add a Prescription** for the same patient, click the green pill with the + and another prescription/dispensation section will be added.



8. To Add a New Patient, click the green person icon with the + on the menu on the left side. A Patient 2 section will appear.



9. Click the Submit UCF button  when all data has been entered. If there are any errors on the screen, they will be indicated with a red box and information about the error. You will not be able to submit the prescription until all required information is present and indicated errors are corrected.
10. If a manually-submitted report contains an error or needs to be voided, on the **Submission History** screen, click **Manual Entry/Universal Claim Form** and repeat the entire process.

### Submitted Reports and Edit Definitions

The following sections provide information regarding how a submitter may view reports, correct errors, and submit zero reports from the RxGov application.

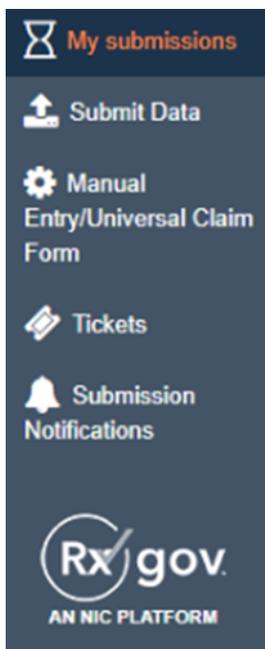
### View Submitted Reports

Submitted data can be viewed in RxGov.

**\*Note:** *The submitter can only view records submitted via the account username/email.*

Complete the following steps to view submitted reports in RxGov:

1. Log on to RxGov.
2. On the main dashboard, select **My Submissions** in the left menu.



3. On the **Submission History** page, use the **Start Date** and **End Date** calendar menus to select the dates for viewing data. Refine the search by selecting one or more of the following checkboxes:  
**\*Note:** *After selections are made, the submission history search runs automatically.*

- Only Show Files w/ Errors
- Hide Resolved Files
- Hide Files w/ Fatal Errors

**\*Note:** See [Appendix C: Submission History Errors and Messages](#) for a full list of possible Submission History error messages and descriptions.

4. Click the **Refresh**  icon to update the displayed data.



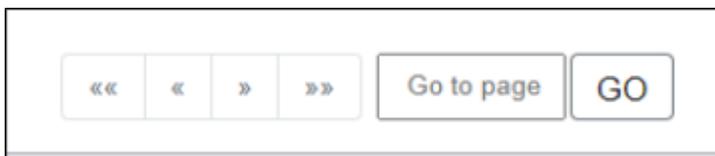
5. (Optional) Use the density controls to adjust displayed row formatting.



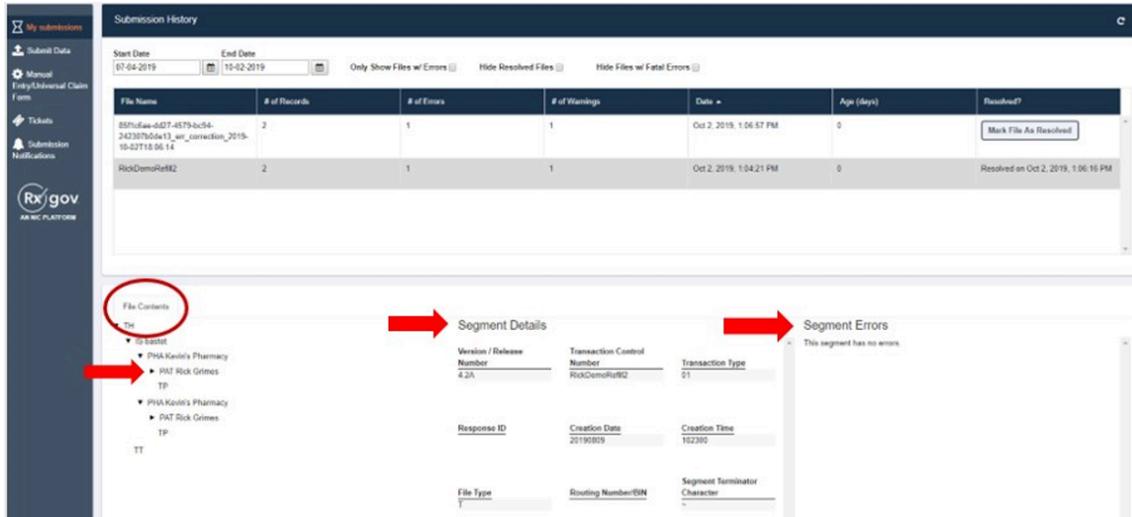
6. (Optional) Select the Rows per page drop-down menu to adjust the number of displayed rows.



7. (Optional) Use the pagination controls to jump to the next page, previous page, the first page, the last page, or enter a specific page number in the Go to page field and click GO to immediately open the page desired.

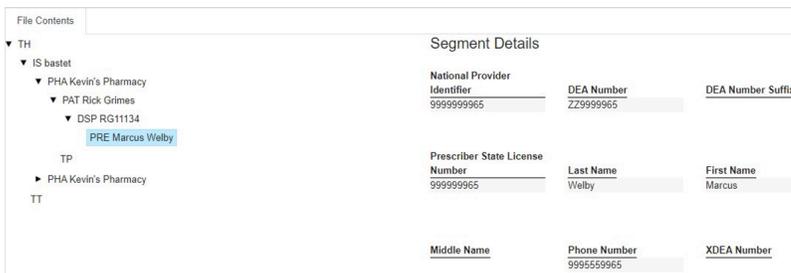
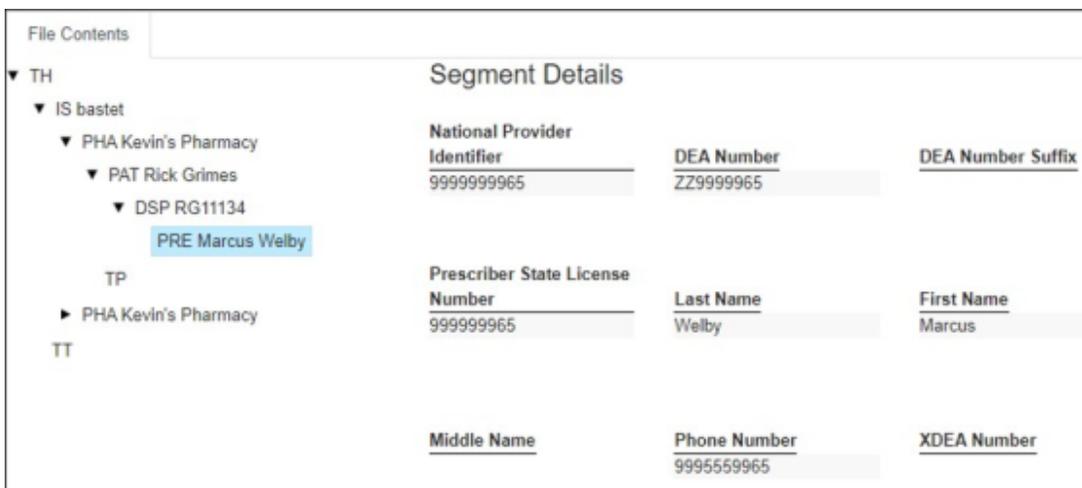


8. Click anywhere in the row containing the data to view the submitted data.
9. On the **Submission History** page, in the **File Contents** section, click the menu arrow next to a patient name to expand and view details about the patient.



10. View additional dispensing information in the **Segment Details** section and the **Segment Errors** section.

11. (Optional) Click the menu arrows in the **File Content** section to display further information.



- Patient information is displayed in the **Segment Details** section when the **PAT** line is highlighted.
- Prescription information is displayed in the **Segment Details** section when the **DSP** line is highlighted.

- Prescriber information is displayed in the **Segment Details** section when the **PRE** line is highlighted.

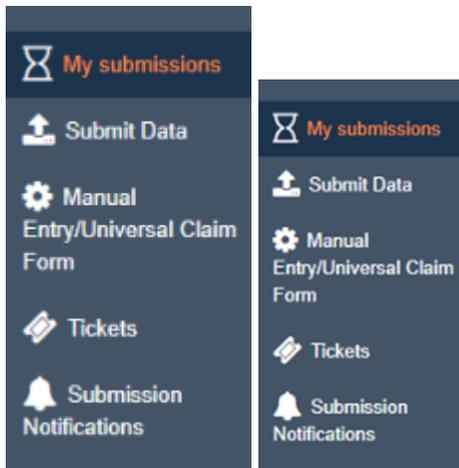
## Manually Resolve Unresolved Files

Files that have been corrected by a new submission may not include all key components required to resolve the original file. When this occurs, a notification email continues to be sent until the file is updated to a resolved status. Users can manually resolve files to update the file status and stop the email notification.

**\*Note:** All errors in the previously submitted file must be corrected before manually changing the file status to **Resolved**. If files are resolved manually without correcting the error in the data, the prescriptions containing errors will not be loaded and will result in invalid data being reported.

Complete the following steps to manually resolve a submission file status.

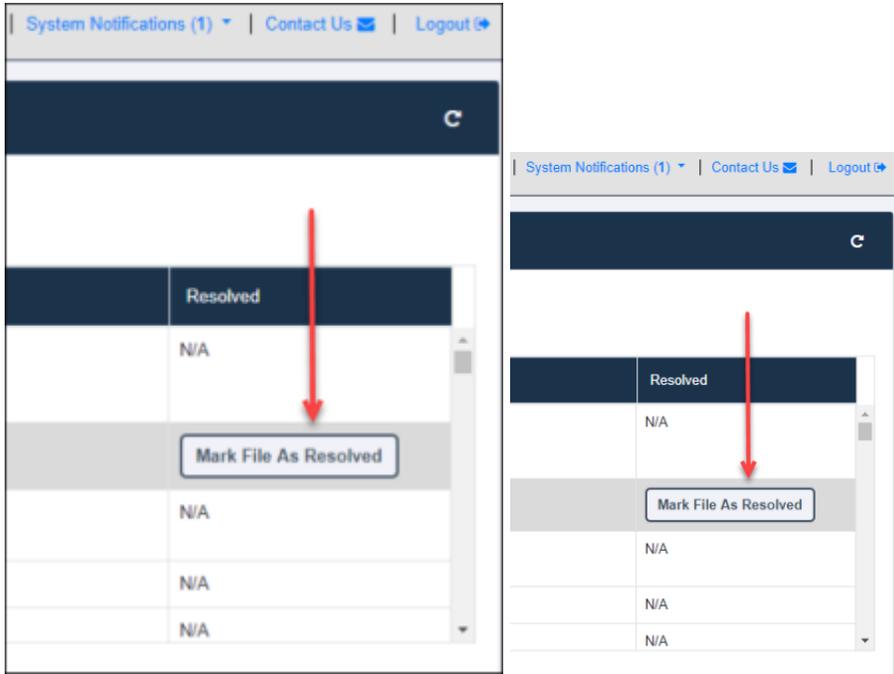
1. Log on to RxGov.
2. On the main dashboard, select **My Submissions** in the left menu.



3. On the Submission History page, use the **Start Date** and **End Date** calendar menus to select the dates for viewing data. Refine the search by selecting one or more of the following checkboxes:

**\*Note:** After selections are made, the submission history search runs automatically.

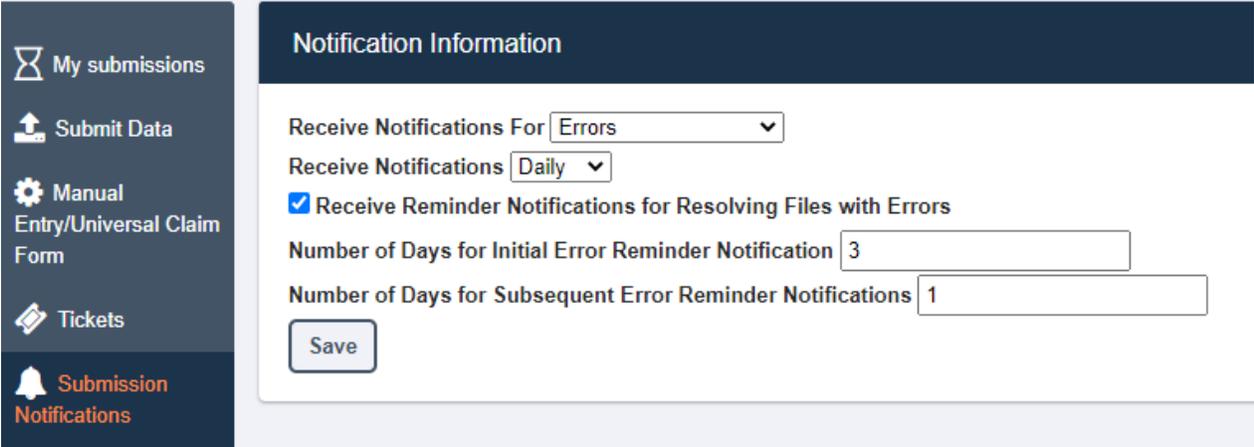
- **Only Show Files w/ Errors**
  - **Hide Resolved Files**
  - **Hide Files w/ Fatal Errors**
4. In the **Submission History** section, select the **Mark File as Resolved** button in the corresponding row of an unresolved file.



5. Select one of the following options on the displayed confirmation window:
  - **OK** – Updates file unresolved status to “resolved” and provides a date and time stamp for the update.
  - **Cancel** – Confirmation window closes, and the file status remains unchanged.

### Submission Notifications

Notifications can be configured during setup by the Submitter to send an email alert for a variety of situations and frequencies. The schedule for sending the email alerts is determined by the Submitter. This schedule can be adjusted by the Submitter at any time to suit their needs; however, the email will continue to be sent or queued to be sent until the error is resolved and properly uploaded into the PDMP.



Complete the following steps to configure **Submission Notifications**.

1. On the **Submissions Notifications** menu, under the **Notification Information** section, select one of the following options from the **Receive Notifications For** drop-down menu:
  - **Nothing**
  - **Errors**
  - **Errors and Warnings**
  - **All Submissions**
2. Select one of the following frequency options from the **Receive Notifications** drop-down menu:
  - **Hourly**
  - **Daily**
3. (Optional) Select the **Receive Reminder Notifications for Resolving Files with Errors** checkbox.
  - a. Enter a number in the **Number of Days for Initial Error Reminder Notification** text field.
  - b. Enter a number in the **Number of Days for Subsequent Error Reminder Notifications** text field.
  - c. Click **Save**.

## Error Correction

Data file error alerts are sent to the Submitter from RxGov when an error occurs. There are three error types: **Error**, **Warning**, and **Fatal Error**. When the file is selected within **My Submissions**, the details of the error are displayed in the bottom half of the screen. Errors may be corrected within the RxGov My Submission page or corrected within the file by the Submitter or by the Submitter's Uploader Vendor.

Complete the following steps in RxGov to correct errors in submitted reports:

1. On the **Submission History** page, in the **My Submissions** section, review the details of file errors, or click the email link provided in the RxGov email.
2. Determine which of the following three error types are associated with the file:
  - **Error** - An Error is defined as a simple data error that may be corrected inside the submission file through RxGov or corrected in the ASAP file and resent. **If the error is not corrected, this prescription will not become part of the PDMP.**
  - **Warning** - A Warning is defined as simple data errors that can be corrected inside the submission file through RxGov but are not required to be corrected to proceed. **If the warning is not corrected, this prescription will still become part of the PDMP.**
  - **Fatal Error** - A Fatal Error is defined as an error which cannot be corrected in the submission file through RxGov. **The file must be corrected by the Submitter or by the Submitter's Vendor and resubmitted to RxGov. No prescriptions in this file will be uploaded to the PDMP.**
3. In the **My Submissions** section, under the **Error Correction** tab, select the file to display the details of the error on the bottom half of the screen.
4. Click the **Correction** text box to display more information in the Dispense Context. The **Dispense Context** drop-down menu contains options for searching through the submitted prescription.

Error Correction | File Contents

Segment	Field	Error	Current Value	Correction
PAT	Phone Number	❗ ExceededMaxFieldLength	71255505621	<input type="text"/>
DSP	Product ID	⚠ NDCNotFound	6050502510A	<input type="text"/>

❗ Errors must be corrected. ⚠ Warnings may be ignored

Submit Corrections

Error Correction | File Contents

Segment	Field	Error	Current Value	Correction
PAT	Phone Number	❗ ExceededMaxFieldLength	71255505621	<input type="text"/>
DSP	Product ID	⚠ NDCNotFound	6050502510A	<input type="text"/>

❗ Errors must be corrected. ⚠ Warnings may be ignored

Submit Corrections

Dispense Context

[PAT (Patient Information)]

ID Qualifier of Patient Identifier: 3      ID of Patient: 2345

ID Qualifier of Additional Patient Identifier:      Additional Patient ID Qualifier:      Additional ID:

5. (Optional) Scroll down to view content in the **Dispense Context** screen.

**\*Note: Submit Corrections** is not an option until the error is addressed. A correct value must be entered. Once a corrected value is entered, a green check mark is displayed in the Correction column.

Error Correction | File Contents

Segment	Field	Error	Current Value	Correction
PAT	Phone Number	❗ ExceededMaxFieldLength	71255505621	<input type="text" value="7125550562"/> ✓
DSP	Product ID	⚠ NDCNotFound	6050502510A	<input type="text"/>

6. When the error has been corrected, click **Submit Corrections**. A success box is displayed.

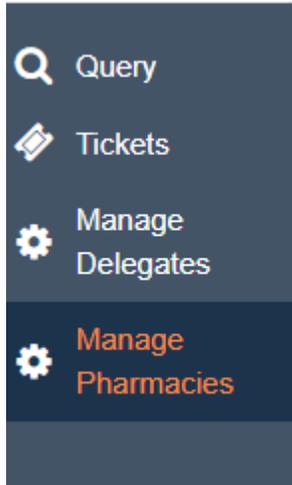
After the file has been corrected, the system creates a new file with the corrected information and resolves the file.

## Submitter Delegate

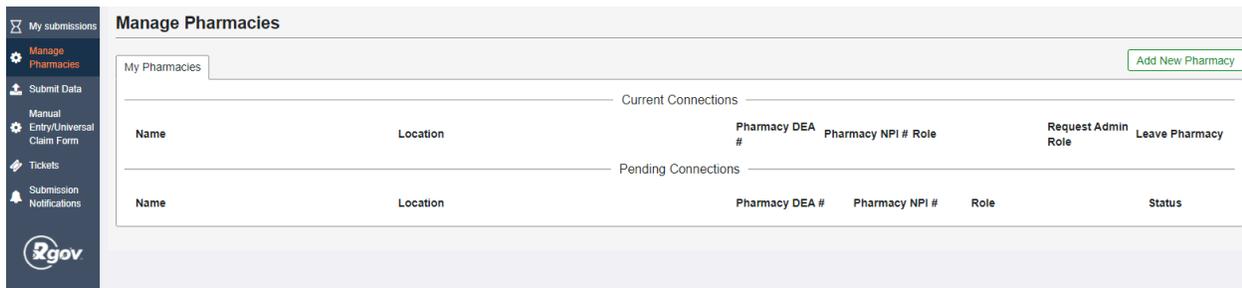
Submitters may now grant access to other individuals to assist with error correction. As of 2024, an existing Submitter has automatically been given privileges as a Store Administrator. This designation allows for the approval or denial of requests by individuals to become a Submitter Delegate or a Store Administrator.

Additionally, a Store Administrator can correct errors, but a Submitter Delegate can only assist in error Correction.

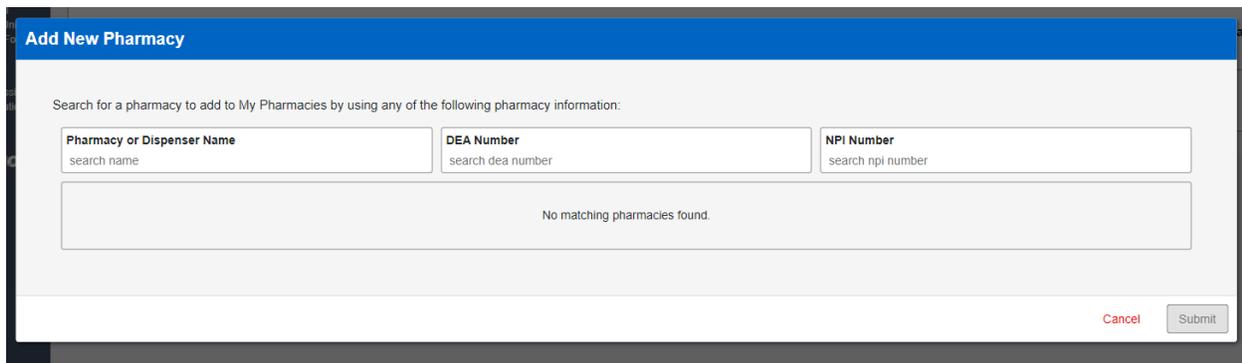
All users who have a role type of Submitter, Submitting Prescriber, Dispenser, Dispenser Delegate, Submitting Dispenser, and Store Administrator will have a “Manage Pharmacies” menu item on the main menu of RxGov.



Click on “Manage Pharmacies” to view the :My Pharmacies” tab and the green “Add New Pharmacy” button.



To request access to view errors from a pharmacy, click on the “Add New Pharmacy” button in the upper right corner.



Pharmacies may be searched by name, DEA number, or NPI number. Only pharmacies provided by the state are available to search. Names are case sensitive so if you are unable to locate the pharmacy by name, please use the DEA number or NPI number. Once a valid entry is detected, the

matching pharmacy will be displayed. Choose a pharmacy by checking the open box to the left. In the “Role Requested” dropdown, choose the desired role. Click the “Submit” button when it appears.

Pharmacy or Dispenser Name	DEA Number	NPI Number
search name	ZZ999994	search npi number

<input checked="" type="checkbox"/>	Name	Location	Store DEA #	Store NPI #	Role Requested
<input checked="" type="checkbox"/>	Big Box Pharmacy	..	ZZ999994	999999994	Choose role Choose role Submitter Delegate Store Admin

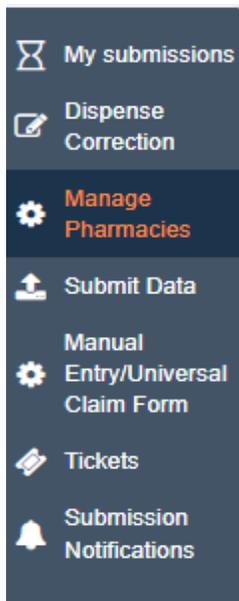
Pending requests will appear on the Pharmacy Admin page.

My Pharmacies | Pharmacy Admin

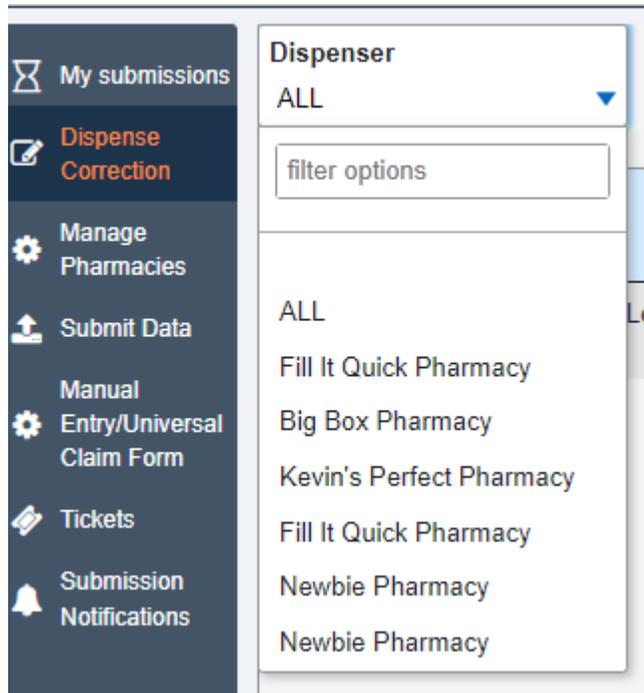
Incoming Requests

**Pharmacy Access Request**  
Christie Frick has requested access to Big Box Pharmacy as a Submitter Delegate. [Deny] [Approve]

Once approved by the Store Administrator, the “Dispense Correction” menu item will appear on the main menu to the left of the screen. The Store Administrator will now be able to view errors and warnings for that pharmacy by selecting that menu item.



If a Store Administrator has access to more than one pharmacy, select the appropriate pharmacy/pharmacies from the drop-down menu at the top of the “Dispense Correction” page. Leaving it on ALL will show all dispenses with Errors and /Warnings.



Once you the Store Administrator selects the pharmacy/pharmacies of interest, all dispenses will be displayed. There are also filters at the top of the screen to adjust the Start and End Dates, as well as an option to have only dispenses with open (uncorrected) Errors displayed.



If a dispense has no Errors or Warnings, the “Dispenses” button will be grayed out. Only dispenses with Errors or Warnings can be opened and displayed.

File Name	Submitter	Submission Date	Dispenses With Errors / Warnings	
Oliver Ambulatory MPE 05072022.txt	Christie Rx MD	05/07/2024 07:42 AM (3 days ago)	0 / 0	Dispenses
Damon MyChart 05072024 Lot of errors multiple pharmacies.txt	Christie Rx MD	05/07/2024 07:42 AM (3 days ago)	4 / 0	Dispenses
Peg Carter 042924.txt	Christie's Drug	04/29/2024 02:33 PM (11 days ago)	0 / 0	Dispenses
Virginia Sparks suboxone 0402 test.txt	Christie's Drug	04/29/2024 11:16 AM (11 days ago)	0 / 0	Dispenses
Virginia Sparks suboxone 04052022.txt	Christie's Drug	04/29/2024 11:10 AM (11 days ago)	0 / 4	Dispenses
Peggy Carter suboxone 0401 and 0416.txt	Christie's Drug	04/29/2024 11:08 AM (11 days ago)	0 / 0	Dispenses
william taylor suboxone 0417 and 0423.txt	Christie's Drug	04/29/2024 11:08 AM (11 days ago)	0 / 0	Dispenses
william taylor suboxone 0401 and 0416.txt	Christie's Drug	04/29/2024 11:08 AM (11 days ago)	0 / 0	Dispenses

Clicking on the “Dispenses” button will display each individual dispense with an Error or Warning allowing the Store Administrator to correct them one at a time and submit them individually if time does not permit for the bulk submission of all corrections at the same time.

#	ID	Dispenser	Pharmacy ID #s	Rx Info	Errors / Warnings	
1	9757	Big Box Pharmacy	NPI: 9999999994 DEA: ZZ9999994	Rx: 55 Refills: 00	1 / 0	<input type="button" value="Correct"/>
2	9758	Fill It Quick Pharmacy	NPI: 9999999932 DEA: BC9991111	Rx: 347 Refills: 00	1 / 0	<input type="button" value="Correct"/>
3	9759	Kevin's Perfect Pharmacy	NPI: 9999999992 DEA: ZZ9999992	Rx: 5289 Refills: 00	1 / 0	<input type="button" value="Correct"/>

**Dispense 9757**  
 Dispenser: Big Box Pharmacy  
 Submitted Date: 05/07/2024 07:42 AM

Errors Remaining: 1  
 Warnings Remaining: 0

Show Only Errors

DSP09 - Quantity Dispensed	Amended Value enter corrected value	Segment: DSP. Error Type: MissingRequiredField, Description: ASAP validation error in segment DSP, field 9, value ""
----------------------------	--	--

## Revise a Record

Complete the following steps to revise a record:

1. Create a record with the value **01** in the **DSP01** field.
2. Populate the following fields with the same information originally submitted on the erroneous record:  
*\*Note: If any of the fields referenced in step 2 are part of the correction, the record must first be voided using the steps provided in the [Void a Record](#) section, then the record must be resubmitted using the value **00** in the **DSP01** field.*
  - **PHA03** (DEA Provider ID)
  - **DSP02** (Prescription Number)
  - **DSP05** (Date Filled)
3. Fill in all other data fields with the correct information. This information overrides the original data linked to the fields referenced in step 2.
4. Submit the record.

## Void a Record

1. Create a record with the value **02** in the **DSP01** field.
2. Fill in all other data identical to the original record. This voids the original record submission.
3. Submit the record.

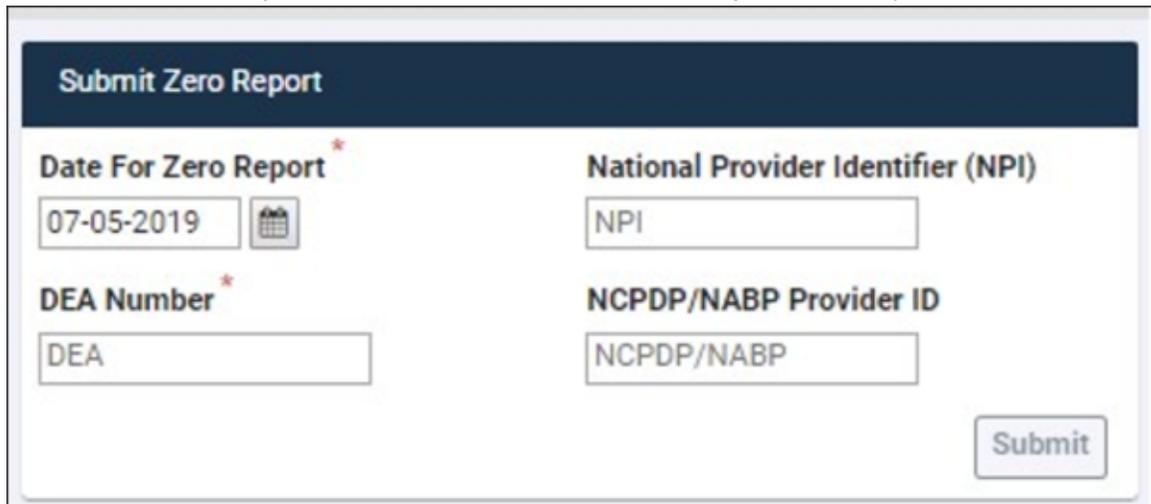
## Zero Reports

The **Zero Reports** function in RxGov allows data submitters to submit zero reports and to view previously-submitted zero reports. Zero report information is displayed on the **Submission History** page with other submitted data for a selected time.

## Submission of Zero Report

Complete the following steps in RxGov to submit a zero report:

1. Log on to RxGov.
2. Select **Submit Data** from the left menu.
3. In the **Submit Zero Report** section, enter the **Date for Zero Report** of the report to be viewed.



- Enter the **DEA** information.  
*\*Note: DEA Validation occurs upon number entry. If an invalid DEA number is entered, a warning or error message is displayed indicating the DEA number is invalid or not found.*

4. Click **Submit**.

## View Previously-Entered Zero Reports

Complete the following steps in RxGov to view previously-entered zero reports:

1. Log on to RxGov.
2. Select **My Submissions** in the left menu.
3. On the **Submission History** page, use the **Start Date** and **End Date** calendar menus to select the date range of the report to be viewed.  
*\*Note: Zero reports and full data upload files are displayed in the same list within the **My Submissions** section.*



File Name	# of Records	# of Errors	# of Warnings	Date
zero_report_FD3087536_20190705-04-44.txt	1	0	0	Jul 5, 2019, 11:45:29 AM

4. (Optional) Enter optional search parameters or select checkboxes to refine the search as necessary.
5. Sort by file name and scroll through the alphabetical list until reaching the report in the **Zero Report** section.
6. Click the report name to open the report and view details.

## Assistance and Support

If you have questions regarding data submission, please contact the Maryland RxGov Help Desk at [rxgovsupport@leaporbit.com](mailto:rxgovsupport@leaporbit.com) or call 1-844-767-4767 (24/7/365).

# Glossary

**ASAP** - American Society for Automation in Pharmacy.

**Batch** - Group of files (report or query requests) that are processed in the background while other work is continued.

**Data Submitter** - A user who submits a data file containing controlled substance dispensing information.

**Delegate** - Any staff member (licensed or unlicensed) who is given access to the PDMP-registered Prescriber or Pharmacist, and who is employed by or under contract with the same practice as the Delegator.

**Delegator** - A person who has been credentialed to access the PDMP to review the controlled substance prescription history of a patient and who determines that having a staff member (delegate) assist with PDMP patient searches will benefit the workflow of the practice. This is also a health care provider who:

- Prescribes controlled substances (CS), including physicians, physician assistants, nurse practitioners, dentists, podiatrists, in connection with the medical care of a patient.
- Dispenses CS, including pharmacists.

**Dispense** - The procedure that results in the receipt of a prescription drug by a patient or the patient's agent, and which entails the

- Interpretation of an authorized prescriber's prescription for a drug or device.
- Selection and labeling of the drug or device prescribed pursuant to that prescription.
- Measuring and packaging of the prescribed drug or device in accordance with state and federal laws.

**Dispenser** - A pharmacy or prescriber authorized by law to dispense a monitored prescription drug to a patient or a patient's agent in the State, including a nonresident pharmacy.

**FTP** - File Transfer Protocol; commonly used protocol for exchanging files over any network.

**NDC** - National Drug Code; describes specific drugs by drug manufacturer and package size.

**PDMP** - Prescription Drug Monitoring Program.

**Prescriber** - A practitioner who is lawfully authorized to prescribe a monitored prescription drug; and registered with the federal Drug Enforcement Administration in accordance with 21 USC 822 Part C and 21 CFR Part 1301.

**RxGov** - Prescription drug monitoring system owned by Tyler Technologies.

**SFTP** - Secure File Transfer Protocol (also referred to as "SSH File Transfer Protocol"); provides file transfer and manipulation functionality over any reliable data stream.

**SSL** - Secure Sockets Layer; cryptographic protocol that provides secure communications for data transfers.

**UCF** - Universal Claim Form; electronic form used by a dispenser that has internet access but is unable to submit its data in a batch submission.

## Appendix A: ASAP 5.0 Specifications

The following information contains the definitions for the specific contents required for uploading records (reporting) in the American Society for Automation in Pharmacy (ASAP) 5.0 format to comply with the Maryland PDMP requirements.

### Data Type Notation Matrix

Data Type Notation	Data Type	Character Set / Format
AN	Alphanumeric	Upper- and lower-case alphabets: A to Z, a to z Numbers: 0 to 9 Printable characters: ~`!@#\$%^&*()-_+={}[]\ '";'<>.,?/
DT	Date	Format: CCYYMMDD <ul style="list-style-type: none"> <li>· CC represents century</li> <li>· YY represents year</li> <li>· MM represents month</li> <li>· DD represents Day</li> </ul>
TM	Time	Format: HHMMSS or HHMM or HHMMSSZ in 24-hour clock system (military format) <ul style="list-style-type: none"> <li>· HH represents hour</li> <li>· MM represents minutes</li> <li>· SS represents seconds</li> <li>· Z represents UTC time (Zulu time)</li> </ul>
N	Numeric	Used for a whole number, decimals not allowed
D	Decimal	Used for metric decimal. If a whole number used, decimals are not allowed.

### File Naming Convention

- File name must be unique per uploader.
- *File ID* is assigned by the submitter/dispenser system to uniquely identify the uploaded file.
- *DateTimestamp* is the date and time of the file submission in this format: CCYYMMDDHHMMS (example: 20170102160000)

### Data (Field) Elements within File

- **Segment Identifier** – Indicates the beginning of a new segment (e.g., PHA). These identifiers are defined by the ASAP standard. Segments must be in the specified order for the file to process appropriately.
- **Data (Field) Delimiter** – Character used to separate data elements (fields) within a segment (i.e., an asterisk (\*)), and is the third ASCII code / character in the file.
  - Each field should “open” with the Data / Field delimiter.
  - Each blank field should contain a single asterisk.
  - If the last field in the segment is blank, it should be “opened” and then the segment closed. (e.g., \*~).

- **Segment Terminator** – Character used to mark the end of a segment (e.g., the tilde (~)).
  - Field TH09 in the *Transaction Header* segment identifies the ASCII code / character used to terminate each segment. Since TH09 also signifies the end of the segment, it should contain the code/character twice (i.e., two tildes ~~).
- **Segment Terminators and Data (Field) Delimiters** are not specified in the ASAP standard and are open to the appropriate ASCII code or a wide selection of ASCII characters. The caret is used to denote an escape character and should not be used as a data delimiter or segment terminator. We recommend using characters not commonly used in the data (\*, |, \, /, ~, etc.) to minimize issues with file ingestion.
- **Escape Character** – In the event that a data (field) element delimiter or segment terminator is used in the data submitted an escape character is available to prevent errors. The escape character for the ASAP standard is the caret (^).
  - If an asterisk is used as a data (field) element delimiter, and also the data in a field, like the SIG (directions for use) an escape character should be inserted prior to each instance of character not intended to signify the start of a new field. See below:

Take 1 tablet by mouth twice daily. ^\*^\*Check Pulse Prior to Administration^\*^\*

- **5.0 vs 4.2 / 4.2A / 4.2B Segment/Field Count**

Segment	5.0 Field Count (Preferred)	4.2B Field Count	4.2A Field Count	4.2 Field Count
TH	9	9	9	9
IS	5	3	3	3
PHA	15	13	13	12
PAT	29	23	23	23
DSP	36	25	25	21
PRE	15	10	9	8
CDI	6	5	5	5
AIR	32	11	11	11
TP	1	1	1	1
TT	2	2	2	2

## Field Usage

- R = Required by ASAP
- RR = Required by the Nebraska PDMP
- O = Optional but recommended to be reported by Nebraska
- S = Situational (not required; however, supply if available)
- Fields highlighted in blue are part of the ASAP 5.0 release.
- Both “R” and “RR” fields must be reported.
- Segments can end at the last required field, but an ideal file would keep these fields in place.
- It is recommended to report all available fields, whether Required or Optional.

**Note:** For more information regarding ASAP 5.0 specifications, please reference the American Society for Automation in Pharmacy (ASAP) at [www.asapnet.org](http://www.asapnet.org) for the full Implementation Guide for the ASAP Standard for Prescription-Monitoring Programs

Field	Field Name	Size	Description	Field Usage
<b>TH: Transaction Header:</b> Required segment; used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.				
TH01	Version/Release Number		Code uniquely identifying the transaction. Value = 5.0	R
TH02	Transaction Control Number		Sender assigned code uniquely identifying a transaction	R
TH03	Transaction Type		Identifies the purpose of initiating the transaction. 01 = Send/Request Transaction 02 = Acknowledgement (in Response only) 03 = Error Receiving (in Response only) 04 = Void (Used to void a specific Rx in a real-time transmission or an entire batch. TH02 should match the file to be voided.)	S
TH04	Response ID		Transaction Control Number for response transaction.	S
TH05	Creation Date		Date the transaction was created: CCYYMMDD	R
TH06	Creation Time		Time the transaction was created: HHMMSS or HHMMSSz	R
TH07	File Type		Code specifying the type of transaction. P = Production; T = Test	R
TH08	Routing Number/BIN		Can be used for real-time transmissions that use intermediary or network switch to indicate state to route transaction to	O
TH09	Segment Terminator Character		This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction	R

<b>IS: Information Source:</b> Required segment; used to convey the name and identification numbers of the entity supplying the information.			
IS01	Unique Information Source ID	Reference number or identification number. <b>NPI is the preferred value for Nebraska in this field</b>	R
IS02	Information Source Entity Name	Entity name of the Information Source.	R
IS03	Message	Freeform text message	O
IS04	Pharmacy Dispensing Software Vendor	Name of the software vendor the pharmacy uses.	RR
IS05	Phone Number of Software Vendor	Complete phone number including area code. Exclude hyphens.	RR
<b>PHA: Pharmacy Header:</b> Required segment; used to identify the pharmacy.			
PHA01	National Provider Identifier (NPI)	Identifier assigned to the pharmacy by CMS	RR
PHA02	NCPDP Provider ID	Identifier assigned to the pharmacy by the National Council for Prescription Drug Programs.	O
PHA03	DEA Number	Identifier assigned to the pharmacy by the Drug Enforcement Administration. Required if any prescriptions are controlled substances	O
PHA04	Pharmacy or Dispensing Prescriber Name	Name of the Pharmacy or Dispensing Prescriber.	RR
PHA05	Address Information - 1	Free-Form Address information	RR
PHA06	Address Information - 2	Free-Form Address information	O
PHA07	City Address	City name	RR
PHA08	State Address	US Postal Service state code	RR
PHA09	Zip Code	US Postal Zip Code	RR
PHA10	Phone Number	Complete Phone number including area code.	O
PHA11	Contact name	Contact person name.	O
PHA12	Chain Site ID	Store number assigned by the chain to the pharmacy location.	O
PHA13	Pharmacy Permit/License #	Use to help identify sending pharmacy	O
PHA14	Pharmacy/ Dispenser Type	01 = Independent Pharmacy 02 = Chain Pharmacy 03 = Long-term Care Pharmacy 04 = Hospital Pharmacy 05 = Opioid Treatment Program 06 = Cannabis Dispensary 07 = Veterinary/ Vet Patient Only Dispenser 08 = Dispensing Prescriber 09 = Specialty Pharmacy 10 = Federal 11 = Tribal 99 = Other	O
PHA15	Mail Order Pharmacy	01 = Yes 02 = No	O

**PAT: Patient Information:** Required segment; used to report the patient's name and basic information as contained in the pharmacy record.

PAT01	ID Qualifier of Patient Identifier	Code identifying the jurisdiction that issues the ID in PAT03. (i.e., NE for Nebraska) If populated, PAT02 and PAT03 are required.	S
PAT02	ID Qualifier	Code to identify the type of ID in PAT03. 01 = Military ID 02 = State Issued ID 03 = Unique System ID 04 = Permanent Resident Card 05 = Passport ID 06 = Driver's License ID 07 = Social Security Number 08 = Tribal ID 09 = Vendor Specific (such as Bamboo Health, Experian, LexisNexis) 10 = Veterinary Patient Microchip Number 11 = Medicaid Recipient ID Number 99 = Other (agreed upon ID)	RR
PAT03	ID of Patient	Identification number for the patient as indicated in PAT02.	RR
PAT04	ID Qualifier of Additional Patient Identifier	Code identifying the jurisdiction that issues the ID in PAT06. See Appendix A for list for jurisdictions.	S
PAT05	Additional Patient ID Qualifier	Code to identify the type of ID in PAT06. If PAT05 is used, PAT06 is required. See PAT02 for list of codes.	S
PAT06	Additional ID	Identification number for the patient as indicated in PAT05.	S
PAT07	Last Name	Patient's complete legal last name as listed on a government-issued identification. No special characters other than a hyphen or apostrophe.	R
PAT08	First Name	Patient's complete legal first name as listed on a government-issued identification. No special characters other than a hyphen or apostrophe.	R
PAT09	Middle Name	Patient's Middle Name.	O
PAT10	Name Prefix	Patient's name prefix such as Mr. or Dr.	O
PAT11	Name Suffix	Patient's name suffix such as Jr. or the III.	O
PAT12	Address Information - 1	Address Line 1 of the Patient.	R
PAT13	Address Information - 2	Address Line 2 of the Patient.	O
PAT14	City Address	City of the Patient.	R
PAT15	State Address	Jurisdiction/state and possession abbreviation as described in United States Postal Service Publication 28-Postal Addressing Standards, or the most recently published version of the ONC Project US@ Technical Specification for Patient Addresses.	R

PAT16	Zip Code	US Postal Zip Code of the Patient. Populate with zeros ('00000') if patient address is outside the U.S.	R
PAT17	Phone Number	Complete Phone number including Area Code. No Hyphens. Note: Phone number is required, if available	RR
PAT18	Date of Birth	Date of Birth of the Patient: CCYYMMDD	R
PAT19	Gender	F = Female M = Male N = Non-Binary X = Unspecified/Other U = Unknown/Undisclosed	RR
PAT20	Species Code	01 = Human 02 = Veterinary Patient	RR
PAT21	Patient Location Code	Code indicating where patient is located when receiving pharmacy services. 01 = Home 02 = Intermediary Care 03 = Nursing Home 04 = Long-Term/Extended Care 05 = Rest Home 06 = Boarding Home 07 = Skilled-Care Facility 08 = Sub-Acute Care Facility 09 = Acute-Care Facility 10 = Outpatient 11 = Hospice 12 = Homeless/Unhoused 13 = Transient Care 98 = Unknown 99 = Other	O
PAT22	Country of Non-U.S. Resident	If Patient's address is in foreign country leave PAT12-PAT16 blank and free-text address here.	O
PAT23	Name of Animal	Required if PAT20 = "02" Veterinary Patient.	S
PAT24	Patient Preferred or Alias Last Name	May be used for a preferred name, previous name, nickname, alias, or name used on insurance card if different.	O
PAT25	Patient Preferred or Alias First Name	May be used for a preferred name, previous name, nickname, alias, or name used on insurance card if different.	O
PAT26	Patient Race Category	01 = American Indian or Alaskan Native 02 = Asian 03 = Black or African American 04 = Native Hawaiian or Other Pacific Islander 05 = White	O

		06 = Multiracial 99 = Other/Unknown	
PAT27	Patient Ethnicity	01 = Hispanic or Latino 02 = Not Hispanic or Latino 99 = Undisclosed/Unknown	O
PAT28	Veterinary Species Code	01 = Cat/Feline 02 = Dog/Canine 03 = Small Animal (Hamster, Rabbit, Other Rodent) 04 = Reptile 05 = Bird 06 = Livestock, Large Animal 99 = Other	O
PAT29	Animal Location Code	01 = Home 02 = Animal Shelter 03 = Foster 04 = Farm 05 = Zoo 06 = Circus/Traveling Show 99 = Other	O
<b>DSP: Dispensing Record:</b> Required segment; used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			
DSP01	Reporting Status	Value: 00 = New Record; 01 = Revise; 02 = Void	R
DSP02	Prescription Number	Serial number assigned to the prescription by the pharmacy.	R
DSP03	Date Written	Date the prescription written (authorized): CCYYMMDD	R
DSP04	Refills Authorized	Number of prescriber-authorized refills	R
DSP05	Date Filled	Date prescription was dispensed: CCYYMMDD	R
DSP06	Fill Number	Number of the fill of the prescription. 0 = original dispensing; refills = 01-9999	R
DSP07	Product ID Qualifier	Type of product ID contained in DSP08. 01 = NDC 02 = UPC 03 = HRI 04 = UPN 05 = DIN 06 = Compound (CDI segment required if used) 07 = Cannabis	R

DSP08	Product ID	Full identification including leading zeros without punctuation.	R
		NDC must be 11-digits	
		If the product is a compound, populate with 99999999999	
DSP09	Quantity Dispensed	Number of metric units dispensed. The format allows for 5 digits to the left and right of the decimal (i.e., 99999.99999)	R
DSP10	Days' Supply	The calculated number of days the medication will cover.	R
DSP11	Drug Dosage Units Code	Identifies the unit of measure for the quantity dispensed in DSP09.	RR
		01 = Each (used to report solid dosage units or indivisible package)	
		02 = Milliliters (ml) (adjust liters to the decimal milliliter equivalent)	
		03 = Grams (gm) (adjust milligrams to the decimal gram equivalent)	
DSP12	Transmission Form of Rx Origin Code	Code indicating how the pharmacy received the prescription.	O
		01 = Written Prescription	
		02 = Telephone Prescription	
		03 = Telephone Emergency Prescription	
		04 = Fax Prescription	
		05 = Electronic Prescription	
		06 = Transferred/Forwarded	
07 = Order (Administered at Prescriber Location)			
08 = Dispensed from Prescriber Location			
09 = Standing Order/Protocol			
99 = Other			
DSP13	Partial Fill Indicator	Used when the quantity in DSP09 is less than the metric quantity per dispensing authorized by the prescriber. 00 = Not a partial fill, 01 = First partial fill For additional fills per prescription, increment by 1 so the second partial fill would be reported as 02, up to a maximum of 99.	O
DSP14	Pharmacist National Provider Identifier (NPI)	Identifier assigned to the pharmacist/dispenser by CMS. This number can be used to identify the pharmacist dispensing the medication.	O
DSP15	Pharmacist State License Number	Assigned to the pharmacist/dispenser by the State Licensing Board. This data element can be used to identify the pharmacist dispensing the medication.	O

DSP16	Classification Code for Payment Type	Code identifying the type of payment. 01 = Private Pay (Cash, Charge, Credit Card) 02 = Medicaid 03 = Medicare 04 = Commercial Insurance 05 = Military Installations and VA 06 = Workers' Compensation 07 = Indian Nations 99 = Other	RR
DSP17	Date Sold	Date prescription left the pharmacy	RR
DSP18	RxNorm Product Qualifier	RxNorm value sent in the electronic prescription transmitted to the pharmacy. 01 = Semantic Clinical Drug (SCD) 02 = Semantic Branded Drug (SBD) 03 = Generic Package (GPK) 04 = Branded Package (BPK)	O
DSP19	RxNorm Code	Used for electronic prescriptions to capture the prescribed drug product identification.	O
DSP20	Electronic Prescription Reference Number	Transaction Message ID value sent from field UIH-030-01 in the SCRIPT standard in the electronic prescription transmitted to the pharmacy.	O
DSP21	Electronic Prescription Order Number	Prescriber Order Number value sent in the electronic prescription transmitted to the pharmacy.	O
DSP22	Quantity Prescribed	Used to add clarity to the value reported in DSP13	O
DSP23	Rx Sig	The actual directions printed on prescription label. If greater than 200 characters, will truncate.	O
DSP24	Opioid Treatment Type	Indications for use 01 = Not used for opioid dependency treatment 02 = Used for opioid dependency treatment 03 = Pain associated with active/aftercare cancer treatment 04 = Palliative Care in conjunction with a serious illness 05 = End-of-Life and Hospice Care 06 = Pregnant individual with pre-existing Rx for opioids 07 = Acute pain with pre-existing opioid for Chronic pain 08 = Active taper of opioid 09 = Patient under Pain Management Contract 10 = Acute Opioid Therapy 11 = Chronic Opioid Therapy 99 = Other	O
DSP25	Diagnosis Code	ICD-10 Code	O

DSP26	Time Written	Time the prescription was created: HHMMSS or HHMM or HHMMSSz	O
DSP27	Time Filled	Time the prescription was filled: HHMMSS or HHMM or HHMMSSz	O
DSP28	Time Sold	Time the prescription was sold: HHMMSS or HHMM or HHMMSSz	O
DSP29	Total Quantity Remaining on Prescription	Identifies the quantity remaining on the prescription	O
DSP30	Total Quantity Remaining Drug Dosage Units Code	Identifies the unit of measure for the quantity dispensed in DSP09. 01 = Each (used to report solid dosage units or indivisible package) 02 = Milliliters (ml) (adjust liters to the decimal milliliter equivalent) 03 = Grams (gm) (adjust milligrams to the decimal gram equivalent)	O
DSP31	Discount Card	Must be populated if DSP16 is 01 (Private Pay) or 04 (Commercial Insurance). 01 = Yes 02 = No	S
DSP32	Classification Code for Additional Payment Type	Code identifying the type of payment. 01 = Private Pay (Cash, Charge, Credit Card) 02 = Medicaid 03 = Medicare 04 = Commercial Insurance 05 = Military Installations and VA 06 = Workers' Compensation 07 = Indian Nations 99 = Other	O
DSP33	Discount Card for Additional Payment Type	Must be populated if DSP32 is 01 (Private Pay) or 04 (Commercial Insurance). 01 = Yes 02 = No	S
DSP34	DEA Schedule/State Designation	State or Federal control Level or other reporting designation. 01 = Cannabis and Cannabis Extract 02 = State or DEA Schedule 2 03 = State or DEA Schedule 3 04 = State or DEA Schedule 4 05 = State or DEA Schedule 5 06 = State Designated Other Controlled Substance or Drug of Concern 07 = CBD 99 = Legend or Non-controlled Substances	O
DSP35	Last Name or Initials of Pharmacist Filling the Prescription		O

DSP36	First Name of Pharmacist Filling the Prescription		O
<b>PRE: Prescriber Information: Required segment; used to identify the prescriber of the prescription.</b>			
PRE01	National Provider Identifier (NPI)	Must be populated with the NPI. If the provider does not have an NPI, it is recommended to populate PRE01 with the 10-digit Prescriber Phone Number (PRE08).	RR
PRE02	DEA Number	Must be populated with the DEA if the reported medication is a controlled substance.	S
PRE03	DEA Number Suffix	Identifying number assigned to a prescriber by an institution when the Institution's DEA number is used.	O
PRE04	Prescriber State License Number	Identification assigned to the Prescriber by the State Licensing Board.	O
PRE05	Last Name	Prescriber's Last name.	RR
PRE06	First Name	Prescriber's First name.	RR
PRE07	Middle Name	Prescriber's Middle name or initial.	O
PRE08	Phone Number	Prescriber's primary phone number; include area code; do not use hyphens	O
PRE09	XDEA Number	This field has been decommissioned	
PRE10	Jurisdiction or State Issuing Prescriber License Number	Jurisdiction or state of PRE04	S
PRE11	Prescriber Address Information – 1	Freetext for address information.	O
PRE12	Prescriber Address Information - 2	Freetext for address information.	O
PRE13	Prescriber City Address	Freetext for address information.	O
PRE14	Prescriber State Address	Two-letter jurisdiction/state and possession abbreviation as described in United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specification for Patient Addresses.	O
PRE15	Zip Code Address	United States Postal Service ZIP Code or ZIP+4	O

<b>CDI: Compound Drug Ingredient Detail: *Use of this segment is situational; however, it is required when medication dispensed is a compound</b>			
CDI01	Compound Drug Ingredient Sequence Number	The first reportable ingredient is 1. Each additional reportable ingredient is incremented by 1.	R*
CDI02	Product ID Qualifier	Code to identify the type of product ID contained in CDI03. 01 = NDC 02 = UPC 03 = HRI 04 = UPN 05 = DIN	R*
CDI03	Product ID	Product identifier. If the ingredient does not have an NDC, the recommended entry is 888888888888	R*
CDI04	Component Ingredient Quantity	Metric decimal quantity of the ingredient identified in CDI03. The format allows for 5 digits to the left and right of the decimal (i.e., 99999.99999)	R*
CDI05	Compound Drug Dosage Units Code	Identifies the unit of measure for the quantity dispensed in CDI04. 01 = Each (used to report solid dosage units or indivisible package) 02 = Milliliters (ml) (for liters adjust to the decimal milliliter equivalent) 03 = Grams (gm) (for milligrams adjust to the decimal gram equivalent)	RR*
CDI06	DEA Schedule/State Designation of Each Ingredient	State or Federal control Level or other reporting designation. 01 = Cannabis and Cannabis Extract 02 = State or DEA Schedule 2 03 = State or DEA Schedule 3 04 = State or DEA Schedule 4 05 = State or DEA Schedule 5 06 = State Designated Other Controlled Substance or Drug of Concern 99 = Legend or Non-controlled Substances	O

<b>AIR: Additional Information Reporting</b>			
Use of this segment is situational. However, if this segment is used, at least one of the data elements (fields) will be required.			
AIR01	State Issuing Rx Serial Number	State issuing serialized prescription blank	O
AIR02	State-Issued Rx Serial Number	Number assigned to state-issued serialized prescription blank.	O
AIR03	ID Issuing Jurisdiction	Code identifying the jurisdiction that issues the ID contained in AIR05.	S
AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx	Code indicating the type of ID in AIR05 if required by the PMP. 01 = Military ID 02 = State Issued ID 03 = Unique System ID 04 = Permanent Resident Card 05 = Passport ID 06 = Driver's License ID 07 = Social Security Number 08 = Tribal ID 09 = Vendor Specific (such as Bamboo Health, Experian, LexisNexis) 10 = Veterinary Patient Microchip Number 11 = Medicaid Recipient ID Number 99 = Other (agreed upon ID)	S
AIR05	ID of Person Dropping Off or Picking Up Rx	ID number of the person dropping off or picking up the prescription.	S
AIR06	Relationship of Person Dropping Off or Picking Up Rx	Code indicating the relationship to the person dropping off or picking up Rx. 01 = Parent/Legal Guardian 02 = Spouse 03 = Caregiver 99 = Other	O
AIR07	Last Name of Person Dropping Off or Picking Up Rx	Last name of the person dropping off or picking up Rx.	O
AIR08	First Name of Person Dropping Off or Picking Up Rx	First name of the person dropping off or picking up Rx.	O
AIR09	Last Name or Initials of Pharmacist	This field is decommissioned.	
AIR10	First Name of Pharmacist	This field is decommissioned	
AIR11	Dropping Off/Picking Up Identifier Qualifier	This field is decommissioned	O
AIR12	Date of Birth of Person Picking Up Rx	CCYYMMDD	O
AIR13	Address Information – 1 of Person Picking Up Rx	Address of the person picking up the prescription.	O
AIR14	Address Information – 2 of Person Picking Up Rx	Additional address information of the person picking up the prescription.	O
AIR15	Person Picking Up City Address	Information should be reported according to	O

		United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specification for Patient Addresses.	
AIR16	Person Picking Up State Address	Jurisdiction/state and possession abbreviation as described in United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specification for Patient Addresses.	O
AIR17	Person Picking Up Zip Code Address	United States Postal Service ZIP Code or ZIP+4	O
AIR18	Phone Number of Person Picking Up Rx		O
AIR19	Picking Up Method of Delivery	01 = Person Picked Up 02 = Mailed/Shipped	O
AIR20	Jurisdiction Issuing ID of Person Dropping Off Rx	Code identifying the jurisdiction that issues the ID contained in AIR22.	O
AIR21	ID Qualifier of Person Dropping Off Rx	Code indicating the type of ID in AIR05 if required by the PMP. 01 = Military ID 02 = State Issued ID 03 = Unique System ID 04 = Permanent Resident Card 05 = Passport ID 06 = Driver's License ID 07 = Social Security Number 08 = Tribal ID 09 = Vendor Specific (Such as Bamboo Health, Experian, LexisNexis) 10 = Veterinary Patient Microchip Number 11 = Medicaid Recipient ID Number 99 = Other (agreed upon ID)	S
AIR22	ID of Person Dropping Off Rx	Identification number for the person dropping off the prescription as indicated in AIR 21.	O
AIR23	Relationship of Person Dropping Off Rx	01 = Parent/Legal Guardian 02 = Spouse 03 = Caregiver 04 = Other	O
AIR24	Last Name of Person Dropping Off Rx		O
AIR25	First Name of Person Dropping Off Rx		O
AIR26	Date of Birth of Person Dropping Off Rx		O
AIR27	Address Information – 1 of Person Dropping Off Rx		O
AIR28	Address Information – 2 of Person		O

	Dropping Off Rx		
AIR29	Person Dropping Off City Address		O
AIR30	Person Dropping Off State Address		O
AIR31	Person Dropping Off ZIP Code Address		O
AIR32	Phone Number of Person Dropping Off Rx		O

**TP: Pharmacy Trailer:** Required segment; used to identify the end of data for a given pharmacy and provide the count of the total number of detail segments reported for the pharmacy, including the PHA and TP segment.

TP01	Detail Segment Count	Number of detail segments included for the pharmacy including the pharmacy header (PHA) including the pharmacy trailer (TP) segments.	R
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**TT: Transaction Trailer:** Required segment; used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.

TT01	Transaction Control Number	Unique identifying control number assigned by the originator of the transaction. Must match the number in TH02.	R
TT02	Segment Count	Total number of segments included in the transaction including the header and trailer segments	R

## Appendix B: Zero Report Specifications (U.S. Only)

The following information contains the definitions for the specific contents required of uploading zero reports in the American Society for Automation in Pharmacy (ASAP) format to comply with state Prescription Drug Monitoring Program (PDMP) requirements.

The zero report specification is a complete transaction that includes the information that would normally be sent with a batch, but of the required detail segments, only the patient first name, last name, and date filled fields are populated. The following values are used to populate these fields:

- First name = Zero
- Last name = Report
- Date filled = Date report sent

All other fields in the detail segments should be left blank.

### Sample of zero reporting – *parsed to be legible*:

**\*Note:** The following examples use sample data for presentation only. For actual use, valid data must be used.

#### Single pharmacy in transaction

```
TH*4.2*2b72d952-9f89-4f42-a059-3e5d5e73476c*01**20161001*031535*
T**~~ IS*DF001*NIC Test*#20161001#-#20161001#~
PHA*9876543210*9876543*FA9999999*NIC Test Pharmacy *987654321 Any
Street**Any City*{your state}*98765*9999876543*9876543~
PAT*****Report*Zero*****~
DSP*****20190601*****~
PRE**~
TP*5~
TT*2b72d952-9f89-4f42-a059-3e5d5e73476c*8~
```

#### Multiple pharmacies in one transaction

```
TH*4.2*2b72d952-9f89-4f42-a059-3e5d5e73476c*01**20161001*031535*
T**~~ IS*DF001*NIC Test*#20161001#-#20161001#~
PHA*9876543210*9876543*FA9999999*NIC Test Pharmacy 1*987654321 A
Street**Any City*{your state}*98765*5559876543*9876543~
PAT*****Report*Zero*****~
DSP*****20190602*****~
PRE**~
TP*5~
```

PHA\*0123456789\*3456789FA9999998\*NIC Test Pharmacy 2\*987654321 B  
Street\*\*Any City\*{your state}\*98765\*5553456789\*9876544~  
PAT\*\*\*\*\*Report\*Zero\*\*\*\*\*~  
DSP\*\*\*\*\*20190602\*\*\*\*\*~

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PRE\*\*~  
TP\*5~  
TT\*2b72d952-9f89-4f42-a059-3e5d5e73476c\*13~

*For more information, contact RxGov Support ([rxgovsupport@leaporbit.com](mailto:rxgovsupport@leaporbit.com) or 1-844-767-4767).*

## Appendix C: Submission History Error Messages

*MissingFieldDelimiter*

*MissingSegmentDelimiter*

*MissingRequiredField*

*ExceededMaxFieldLength*

*DoesNotMeetMinFieldLength*

*DoesNotMeetMinNumericFieldValue*

*ExceededMaxNumericFieldValue*

*DoesNotMeetMinDecimalFieldValue*

*ExceededMaxDecimalFieldValue*

*DoesNotMeetMinDateFieldValue*

*ExceededMaxDateFieldValue*

*FailedFieldComparison*

*FailedRegexComparison*

*InvalidNumericFieldValue*

*InvalidDecimalFieldValue*

*InvalidDateFieldValue*

*InvalidProductIdentifier*

*InvalidTimeFieldValue*

*InvalidComparisonTargetType*

*FieldContainsForbiddenCharacter*

*FieldValueNotInAllowedList*

*InvalidSegmentIdentifier*

*InvalidSegmentSequence*

***InvalidFinalSegment***

***ExtraFieldsInSegment***

***MissingFinalSegmentDelimiter***

***MismatchedTransactionControlNumber***

***MismatchedTransactionSegmentCount***

***MismatchedPharmacySegmentCount***

***DuplicateDispense***

***MissingRequiredSegment***

***InvalidSegmentDelimiterUsage***

***CouldNotValidate***

***InvalidCDIProductId***

***InvalidCDIProductIdType***

***SegmentLoopingIncomplete***

***PRE01MissingIdValue***

***PRE02MissingIdValue***

***PHA01MissingIdValue***

***PHA02MissingIdValue***

***PHA03MissingIdValue***

***InvalidDeaNumberFormat***

***DeaNumberDoesNotExist***

***InvalidXDeaNumberFormat***

***PRE04MissingIdValue***

***PRE09MissingIdValue***

***PHA01InvalidLocValue***

***PHA13InvalidLocValue***

***PHA02MissingPharmLicenseValue***

***NpiNotFoundInRegistry***

***InvalidNpiFormat***