



# Data Submission Guide for Dispensers

Louisiana Prescription Monitoring Program

December 2025

Version 4.0



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# I Document Overview

This document serves as a training guide and support manual for dispensers of Schedule II through Schedule V controlled substances and drugs of concern in Louisiana who use Bamboo Health's PMP Clearinghouse repository to report their dispensations. It includes such topics as:

- Reporting requirements for dispensers in the State of Louisiana
- Data file submission guidelines and methods
- Creating a PMP Clearinghouse account
- Creating a data file
- Uploading or reporting data
- Understanding and correcting errors

This guide is intended for use by all dispensers in or who dispense to an address within the State of Louisiana required to report the dispensing of controlled substances and drugs of concern (reportable drugs).

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## 2 Data Collection and Tracking

### 2.1 Data Collection Overview

Act 676 of the 2006 Louisiana Legislature authorized the Louisiana Board of Pharmacy to develop, implement, and operate an electronic system for the monitoring of controlled substances and drugs of concern that are dispensed in the state or dispensed to an address within the state. The goal of the program is to improve the state's ability to identify and inhibit the diversion of controlled substances and drugs of concern in an efficient and cost-effective manner that shall not impede the appropriate utilization of these drugs for legitimate medical purposes.

Information about reportable drug dispensing activities is reported at regular intervals to the state of Louisiana through the authorized data collection vendor, Bamboo Health, Inc. Pharmacies and other dispensers are required by law to provide such reporting to the data collection vendor in approved formats and frequencies. This includes mail order pharmacies that mail orders into the state.

### 2.2 Reporting Requirements

All controlled substance prescriptions (Schedules II, III, IV, and V) and prescriptions for drugs of concern must be submitted no later than the next business day after the date of dispensing. Louisiana drugs of concern are any material, compound, mixture, or preparation containing any quantity of the following substances: gabapentin, butalbital, and promethazine in oral liquid formulations.

The laws and regulations for reporting to the LA Prescription Monitoring Program (PMP) are continuously subjected to amendments. It is the responsibility of dispensers to be aware of such updates as they are enacted and promulgated.

All dispensers of Schedule II–V controlled substance prescriptions and/or drugs of concern prescriptions are required to collect and report their dispensing information. Such reporting without individual authorization by the patient is allowed under HIPAA, 45CFR § 164.512, paragraphs (a) and (d).

If you are a chain pharmacy, your data will likely be submitted from your home office. Please verify this with your home office. If you are an independent pharmacy or other entity, please forward the reporting requirements to your software vendor. They will need to create the data file, and they may be able to submit the data on your behalf. If not, follow the instructions provided in the [Data Submission](#) chapter to submit the data.

Exemptions to the reporting requirements outlined above may be granted in some circumstances. Refer to [Appendix C – Exemptions to Reporting](#) for details about gaining exemption status.

## 3 Accessing Clearinghouse

This chapter describes how to create your PMP Clearinghouse account and how to log in to the PMP Clearinghouse web portal.

### 3.1 Creating Your Account

Prior to submitting data, you must create an account. **If you are currently registered with the Bamboo Health PMP Clearinghouse system, you do not need to register for a new account—you will be able to add Louisiana to your existing account for data submissions.** If you have an existing PMP Clearinghouse account, please refer to [Adding PMPs to Your Upload Account](#) to add PMPs to your account.

#### Notes:

- *Data from multiple pharmacies can be uploaded in the same file. For example, chain pharmacies may send in one file containing reportable drug dispensation information for all their pharmacies licensed in the State of Louisiana. Therefore, chains with multiple stores need only to set up one account to upload a file.*
- *PMP Clearinghouse allows users to submit data through the web portal via manual entry (UCF) or upload of ASAP files. For users who prefer an encrypted transfer method, SFTP access is also available. You may set up your SFTP account during the account creation process.*
- *If you need to make changes to an existing PMP Clearinghouse upload account, please refer to [Managing Your Upload Account](#).*

Perform the following steps to create an account:

1. Open an internet browser window and navigate to the **PMP Clearinghouse Account Registration** page located at <https://pmpclearinghouse.net/registrations/new>.

**Account Registration**

**Profile Details** \* Indicates Required Field

Email Address \*

Password \*

Password confirmation \*

**Personal Information**

First name \* Middle name Last name \*

Searching for DEA or NPI will autopopulate your information if found.

DEA NPI

**Employer Information**

Name \*

I. Complete your **Profile Details**.

**Profile Details** \* Indicates Required Field

Email Address \*

Password \*

Password confirmation \*

- a. Enter your current, valid email address in the **Email Address** field.

**Note:** The email address you provide here will act as your username when logging into the PMP Clearinghouse system.

- b. Enter a password for your account in the **Password** field, then re-enter it in the **Password Confirmation** field. The password requirements are provided below.

Passwords must contain:

- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.

2. Complete your **Personal** and **Employer** information, noting the following:

- Required fields are marked with an asterisk (\*).
- You may be able to auto-populate your Personal and/or Employer information by entering your (or your employer's) **DEA**, **NPI**, and/or **NCPDP** number, then clicking the search icon (🔍). If the number you entered is found, your information will automatically be populated.

### Personal Information

First name *	Middle name	Last name *
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Searching for DEA or NPI will autopopulate your information if found.

DEA	NPI
<input style="width: 95%;" type="text"/> <input style="float: right; width: 20px; height: 20px; border: 1px solid gray; border-radius: 50%; background-color: #ccc; cursor: pointer;" type="button" value="Q"/>	<input style="width: 95%;" type="text"/> <input style="float: right; width: 20px; height: 20px; border: 1px solid gray; border-radius: 50%; background-color: #ccc; cursor: pointer;" type="button" value="Q"/>

### Employer Information

Name *		
<input style="width: 95%;" type="text"/>		
Address *	Address (continued)	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
City *	State *	Postal Code *
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Phone *	Fax	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

Searching for DEA or NPI will autopopulate your information if found.

DEA	NCPDP
<input style="width: 95%;" type="text"/> <input style="float: right; width: 20px; height: 20px; border: 1px solid gray; border-radius: 50%; background-color: #ccc; cursor: pointer;" type="button" value="Q"/>	<input style="width: 95%;" type="text"/> <input style="float: right; width: 20px; height: 20px; border: 1px solid gray; border-radius: 50%; background-color: #ccc; cursor: pointer;" type="button" value="Q"/>

3. If secure file transfer protocol (SFTP) is required, complete the **Data Submission** section of the page.

**Notes:**

- If SFTP access is not required, you do not need to complete the **Data Submission** section, and you may continue to step 5.
- You may add SFTP access to an existing account. Please refer to [Adding SFTP Access to an Upload Account](#) for complete instructions.

### Data Submission

PMP Clearinghouse users are able to submit data through the web portal via manual entry or upload of ASAP files. Secure FTP (SFTP) access is available, and Real-Time submissions are also available in select states.

<input type="checkbox"/> Enable SFTP Access
<input type="checkbox"/> Enable Real-Time Access

- a. Click to select the **Enable SFTP Access** checkbox.

The SFTP access fields are displayed.

**Data Submission**

PMP Clearinghouse users are able to submit data through the web portal via manual entry or upload of ASAP files. Secure FTP (SFTP) access is available, and Real-Time submissions are also available in select states.

Enable SFTP Access

SFTP Username

SFTP Password

SFTP Password Confirmation

Password must include at least 8 characters, including 1 capital letter, 1 lowercase letter, and 1 special character (such as !,@,#,\$)

Enable Real-Time Access

- b. Your **SFTP Username** is automatically generated using the first five characters of your employer’s name + your employer’s phone number. For example, if you entered “Test” as your employer’s name and “555-555-5555” as your employer’s phone number, your SFTP username would be *test5555555555*.
- c. Enter a password for your SFTP account in the **SFTP Password** field, then re-enter it in the **SFTP Password Confirmation** field. The password requirements are provided below.

*Passwords must contain:*

- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.

This password will be input into the pharmacy software so that submissions can be automated.

**Notes:**

- This password can be the same as the one previously entered under Profile.
- Unlike the Profile password (i.e., your user account password), the SFTP password does not expire.
- The URL to connect via SFTP is <http://submissions.healthcarecoordination.net/>.
- Additional details on SFTP configuration can be found in [Appendix D: SFTP Configuration](#).

4. In the **Submission Destinations** section of the page, select the PMP(s) for which you will be submitting data.
5. Click **Submit**.

The request is submitted to the PMP administrator for each of the PMPs you selected for data submission, and the **Registration Information Overview** page is displayed.

**Thank you** for registering with PMP Clearinghouse, a service of PMP AWARxE.  
 A link to verify your email address has been sent. You must confirm your email address before you can login to PMP Clearinghouse. Your data submission request has been sent to your requested state(s) for processing.  
 Upon approval, you may begin submitting prescription data.

**Profile**

---

**Email Address:** testuser@bamboohealth.com  
**Password:** \*\*\*\*\*  
**DEA Number:**  
**NPI Number:**  
**Full Name::** Test User

**Employer**

---

**Name:** Bamboo Health  
**DEA Number:**  
**NCPDP Number::**  
**Address:** 123 Main St Anywhere KY 40223  
**Phone:** 5555555555  
**Fax:**

**Data Acceptance**

---

**SFTP Account:** SFTP Access? No  
**Real-Time Account:** Real-Time Access? No

**Submission Destinations**

---

Demo State

[Continue](#)

6. Click **Continue**.

The **PMP Clearinghouse Login** page is displayed. However, you will not be able to log in until your account has been approved. Once the PMP administrator has approved your request, you will receive a welcome email instructing you to confirm your account. Follow the instructions in the email to confirm your account and begin submitting data to PMP AWARxE.

## 3.2 Logging In to PMP Clearinghouse

1. Open an internet browser window and navigate to the **PMP Clearinghouse Login** page located at [https://pmpclearinghouse.net/users/sign\\_in](https://pmpclearinghouse.net/users/sign_in).

2. Enter the email address you used to create your account in the **Email Address** field.
3. Enter your password in the **Password** field.

**Note:** If you have forgotten your password, have completed your registration but did not receive the account confirmation email, or your account has been locked and you did not receive the email with instructions for unlocking your account, please refer to the links in the Help section of the page. For detailed instructions on resetting your password, refer to [Resetting Your Password](#).

4. Click **Login**.

The **PMP Clearinghouse** home page is displayed.

## 4 Data Submission

This chapter provides information and instructions for submitting data to the PMP Clearinghouse repository.

### 4.1 Timeline and Requirements

- Pharmacies and software vendors can establish submission accounts upon receipt of this guide. See [Creating Your Account](#) for more information.
- You can begin submitting data to PMP Clearinghouse as soon as your account has been created.
- As of June 6, 2016, dispensers are required to transmit their data using PMP Clearinghouse in accordance with the guidelines outlined under [Reporting Requirements](#).
- If a pharmacy does not dispense any eligible reporting transactions for the preceding reporting period, it must file a zero report for that reporting period or it will be considered noncompliant. See [Zero Reports](#) for additional details.

### 4.2 Upload Specifications

Files should be in the ASAP 4.2B format as defined in [Appendix A: ASAP 4.2B Specifications](#). Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of “.dat”. An example file name would be “20250906.dat”. All of your upload files will be kept separate from the files of others.

Reports for multiple dispensers/pharmacies can be in the same upload file in any order.

Prescription information must be reported no later than the next business day after the day of dispensing.

### 4.3 Zero Reports

If you have no transactions to report for the preceding reporting period, you must report this information to the LA PMP.

**Note:** Zero Reports are based on “date filled”.

You may submit your zero report through the PMP Clearinghouse web portal by following the steps below or via SFTP using the ASAP Standard for Zero Reports. For additional details on submitting via SFTP, please refer to [Appendix B: ASAP Zero Report Specifications](#).

You may submit zero reports through the PMP Clearinghouse web portal using one of the following methods:

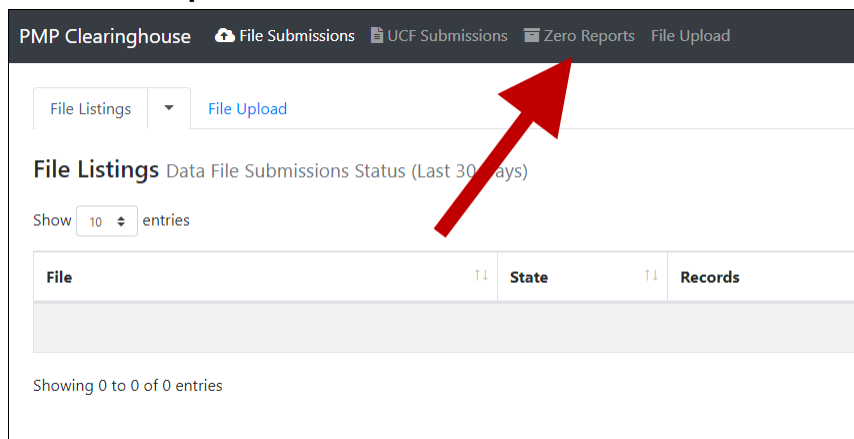
- [Submit a single-click zero report](#)
- [Create a new zero report](#)

### 4.3.1 Submit a Single-Click Zero Report

Single-click zero reporting allows you to create a profile for the pharmacy that includes its identifiers (e.g., DEA, NPI, NCPDP), so you do not have to enter it each time you submit a zero report.

To create a pharmacy profile and begin submitting single-click zero reports:

1. If you do not have an account, perform the steps in [Creating Your Account](#).
2. [Log in to PMP Clearinghouse](#).
3. Click **Zero Reports**.



The **Zero Report Listings** page is displayed.

The screenshot shows the 'Zero Reports Listings' page. It includes a 'Create Zero Report' button and a table with the following columns: Account, State, Start Date, End Date, NCPDP, DEA, NPI, ASAP File, and Date Submitted. Two rows of data are visible in the table.

Account	State	Start Date	End Date	NCPDP	DEA	NPI	ASAP File	Date Submitted
WALGREEN PHARMACY (AL)	AL	01/16/2020	01/16/2020	WALGREEN	WALGREEN	WALGREEN		01/16/2020 5:13 PM
WALGREEN PHARMACY (AL)	AL	01/16/2020	01/16/2020	WALGREEN	WALGREEN	WALGREEN	WALGREEN	01/16/2020 5:04 PM

4. Click the **Create Zero Report** tab.

The **Create Zero Report** page is displayed.

**Note:** *Submit a Single Click Zero Report* is selected by default.

The screenshot shows the 'Create Zero Report' page. It has two radio buttons: 'Submit a Single Click Zero Report' (which is selected) and 'Create new Zero Report'. Below this, there is a section titled 'Create Single Click Zero Report' with explanatory text and a note about the time frame. At the bottom, there is a table with columns for Pharmacy, NCPDP, DEA Number, NPI, Actions, and Submit Zero Reports for. A 'Demo' button is also visible.

- Any pharmacies you have already configured for single-click zero reporting are displayed at the bottom of the page. Continue to [step 10](#) to submit a zero report for those pharmacies.
- If you have not configured your pharmacy for single-click zero reporting, continue to [step 5](#).

- Click **Add New Pharmacy**.  
The **New Pharmacy** page is displayed.

- Select the PMP for which you are submitting a zero report from the drop-down list in the **PMP** field.
- Enter the pharmacy's name in the **Pharmacy** field.
- Populate the **NCPDP**, **DEA Number**, and/or **NPI** fields as required by the PMP you selected in step 6. If any of these fields are required, a red asterisk (\*) will be displayed next to that field once you have selected a PMP.
- Click **Save**.

The pharmacy is saved and will be listed under the drop-down for the selected PMP, which is located at the bottom of the page.

Pharmacy	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:
+	Demo				
Pharmacies configured for single-click zero reporting are listed here					
+	Vermont				

- Click the plus sign (“+”) next to the PMP for which you wish to submit a zero report.

The list of pharmacies you have configured for single-click zero reporting for that PMP is displayed.

**Note:** This page allows you to submit a zero report for the current date (**Today**) or the previous day (**Yesterday**).

Pharmacy	License Number	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:
Demo						
Another Test Pharmacy					Edit Delete	Today 12/22/2021 Yesterday 12/21/2021
Bamboo Health Test Pharmacy					Edit Delete	Today 12/22/2021 Yesterday 12/21/2021

11. Click **Today** to submit a zero report for the current date;

**Or**

12. Click **Yesterday** to submit a zero report for the previous date.

Once the report is submitted, the submission is indicated on the screen, and the zero report is displayed on the **Zero Report Listings** tab.

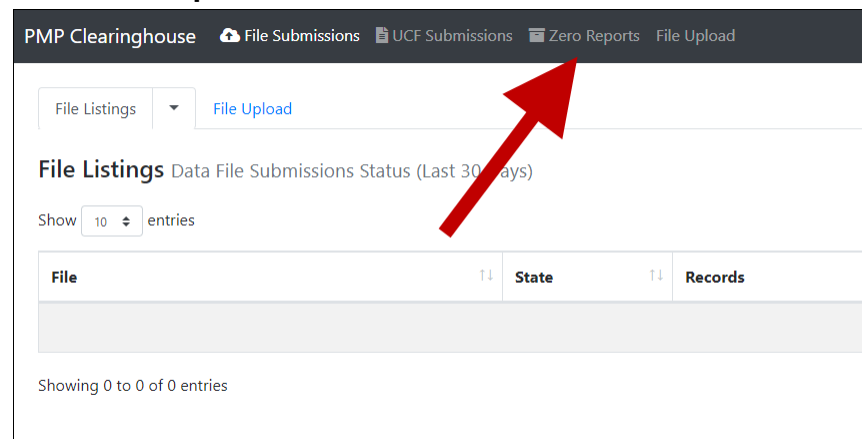
Pharmacy	License Number	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:
Demo						
Another Test Pharmacy					Edit Delete	Today 12/22/2021 Yesterday 12/21/2021
Bamboo Health Test Pharmacy					Edit Delete	Submitted Yesterday 12/21/2021

**Note:** You may edit or delete a pharmacy from this page.

- To edit a pharmacy, click **Edit** to display the Edit Pharmacy page and make any necessary changes. Refer to steps 6–9 for guidance on entering pharmacy information.
- To delete a pharmacy, click **Delete**. You will be prompted to confirm the deletion. Once you confirm the deletion, the pharmacy configuration will be removed.

#### 4.3.2 Create a New Zero Report

- If you do not have an account, perform the steps in [Creating Your Account](#).
- [Log in to PMP Clearinghouse](#).
- Click **Zero Reports**.



The **Zero Report Listings** page is displayed.

Account	State	Start Date	End Date	NCPDP	DEA	NPI	ASAP File	Date Submitted
...	AL	01/16/2020	01/16/2020	...	...	...	...	01/16/2020 5:13 PM
...	AL	01/16/2020	01/16/2020	...	...	...	...	01/16/2020 5:04 PM

- Click the **Create Zero Report** tab.

The **Create Zero Report** page is displayed.

**Note: Submit a Single Click Zero Report is selected by default.**

**Create Zero Report**

Submit a Single Click Zero Report  
 Create new Zero Report

**Create Single Click Zero Report**  
 Below are the pharmacies you have configured for single-click reporting. Setting up pharmacies here will allow you to create a profile for the pharmacy that includes its identifiers (e.g. DEA, NPI, NCPDP) so you don't have to enter it each time you submit a zero report.  
 NOTE: The time frame for "Today" or "Yesterday" is 00:00-23:59:59 and based upon the time zone set for your account profile at the time of submission.

[Add New Pharmacy](#)

Pharmacy	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:
+	Demo				

- Click the button to select **Create new Zero Report**.

The **Create Zero Report** page is displayed.

**Create Zero Report**

Submit a Single Click Zero Report  
 Create new Zero Report

**PMP \*** NCPDP

**Start date \*** DEA Number

**End date \*** NPI

[Submit](#)

- Select the PMP for which you are submitting a zero report from the drop-down list in the **PMP** field.
- Enter the start date and end date (based on “date filled”) for the zero report in the **Start date** and **End date** fields using the *MM/DD/YYYY* format. You may also select the dates from the calendar that is displayed when you click in these fields.

The image shows a date selection interface. At the top, it says '<< February 2019 >>'. Below that is a calendar grid with days of the week (Su, Mo, Tu, We, Th, Fr, Sa) and dates from 27 to 9. To the right of the calendar is a dropdown menu. Below the calendar is a text input field with a blue border containing the placeholder text 'mm/dd/yyyy'.

8. Enter your NCPDP, DEA, and/or NPI numbers, if required by your PMP.

**Note:** If any of these fields are required by your PMP, they will be marked with a red asterisk (\*).

9. Click **Submit**.

Your zero report is submitted to PMP Clearinghouse and will be displayed on the **Zero Report Listings** tab.

## 5 Data Delivery Methods

This chapter provides information about data delivery methods you can use to upload your controlled substance reporting data file(s) to PMP Clearinghouse.

For quick reference, you may click the desired hyperlink in the following table to view the step-by-step instructions for your chosen data delivery method:

Delivery Method	Page
<a href="#">Secure FTP</a>	15
<a href="#">Web Portal Upload</a>	16
<a href="#">Manual Entry (UCF)</a>	18

### 5.1 Secure FTP


If you are submitting data to PMP Clearinghouse using SFTP, you must configure individual subfolders for the PMP systems to which you are submitting data. These subfolders must be created in the *homedir/directory* folder, which is where you are directed once authenticated, and **should be named using the PMP abbreviation (e.g., DC, GU, LA, AK, KS, PR, etc.)**. Data files not submitted to a PMP subfolder will be required to have a manual PMP assignment made on the [File Listings](#) page. Please refer to [PMP Subfolders](#) for additional details on this process.

1. If you do not have a PMP Clearinghouse account, perform the steps in [Creating Your Account](#).
- Or**
2. If you have a PMP Clearinghouse account but have not enabled SFTP access, perform the steps in [Adding SFTP Access to an Upload Account](#).
  3. Prepare the data file(s) for submission, using the ASAP specifications described in [Appendix A: ASAP 4.2B Specifications](#).

**Notes:**

- Files for upload should be named in a unique fashion, with a prefix constructed from the date of submission to PMP Clearinghouse (YYYYMMDD) and a suffix of “.dat”. An example file name would be “20250919.dat”.
- All of your upload files will be kept separate from the files of others.
- Reports for multiple pharmacies can be in the same upload file in any order.
- **If you submit more than one file within the same day, you must uniquely name each file, so the system does not overwrite existing uploaded files.** For example, if uploading three files within the same day, you could use the following file names: 20250919a.dat, 20250919b.dat, and 20250919c.dat.

4. SFTP the file to <http://submissions.healthcarecoordination.net/>.
5. When prompted, enter the username and password you created when setting up the SFTP account.
6. Place the file in the appropriate PMP-abbreviated directory.
7. You can view the results of the transfer/upload on the Submissions page in PMP Clearinghouse.

**Note:** If you place the data file in the root directory and not a PMP sub-folder, a  symbol with a mouse over hint of “**Determine PMP**” is displayed on the **File Status** page, and you will be prompted to select a destination PMP to which the data should be sent.

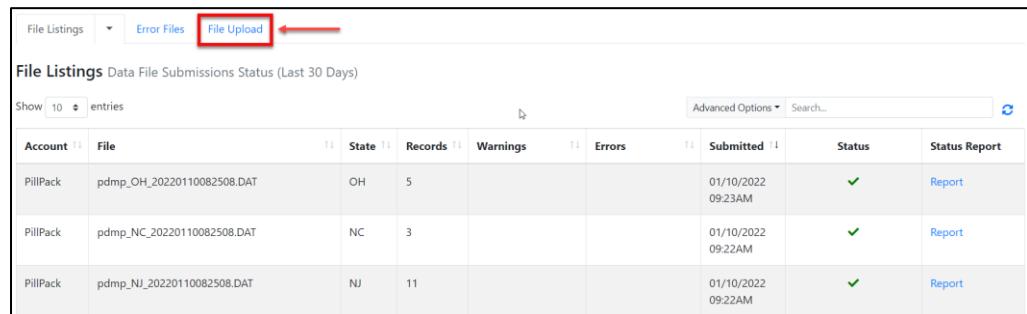
## 5.2 Web Portal Upload

1. If you do not have an account, perform the steps in [Creating Your Account](#).
2. Prepare the data file(s) for submission, using the ASAP specifications described in [Appendix A: ASAP 4.2B Specifications](#).

### Notes:

- Files for upload should be named in a unique fashion, with a prefix constructed from the date of submission to PMP Clearinghouse (YYYYMMDD) and a suffix of “.dat”. An example file name would be “20250919.dat”.
- All of your upload files will be kept separate from the files of others.
- Reports for multiple pharmacies can be in the same upload file in any order.
- **If you submit more than one file within the same day, you must uniquely name each file, so the system does not overwrite existing uploaded files.** For example, if uploading three files within the same day, you could use the following file names: 20250919a.dat, 20250919b.dat, and 20250919c.dat.

3. [Log in to PMP Clearinghouse](#).
4. From the home page, click the **File Upload** tab.



Account	File	State	Records	Warnings	Errors	Submitted	Status	Status Report
PillPack	pdmp_OH_20220110082508.DAT	OH	5			01/10/2022 09:23AM	✓	<a href="#">Report</a>
PillPack	pdmp_NC_20220110082508.DAT	NC	3			01/10/2022 09:22AM	✓	<a href="#">Report</a>
PillPack	pdmp_NJ_20220110082508.DAT	NJ	11			01/10/2022 09:22AM	✓	<a href="#">Report</a>

The **File Upload** page is displayed as shown on the following page.

5. Select the PMP to which you are submitting the file from the drop-down list in the **Select PMP** field.
6. Click the **Browse** button, located next to the **File Upload** field, and select the file you created in step 2.
7. Click **Upload**.

A message is displayed prompting you to confirm the submission.

8. Click **Upload** to continue with the file submission.  
Your file is uploaded, and you can view the results of the upload on the File Listings page.

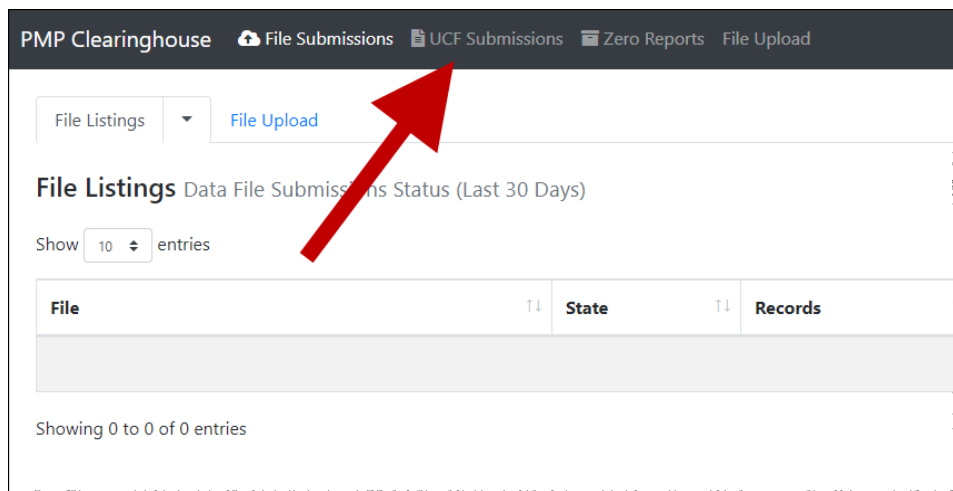
**Note:** When uploading a file, the file name must be unique. If the file name is not unique, a message is displayed indicating that the file name has already been taken.

## 5.3 Manual Entry (UCF)

You can manually enter your prescription information into the PMP Clearinghouse system using the Universal Claim Form (UCF) within the PMP Clearinghouse web portal. This form allows you to enter patient, prescriber, dispenser, and prescription information.

Please refer to [Reporting Requirements](#) for the complete list of reporting requirements.

1. If you do not have an account, perform the steps in [Creating Your Account](#).
2. [Log in to PMP Clearinghouse](#).
3. Click **UCF Submissions**.



The **UCF Listings** page is displayed.

Created at	State	Warnings	Errors	Status
01/15/2019 02:13 PM	KS	0	0	✓
01/17/2019 07:38 PM	KS	0	0	✓
01/28/2019 03:51 PM	CR	0	0	✓
01/28/2019 04:04 PM	CR	0	0	✓
01/28/2019 04:07 PM	CR	0	0	✓
01/28/2019 04:11 PM	CR	0	0	✓

4. Click the **New Claim Form** tab, located at the top of the page.

The **Create Universal Claim Form** page is displayed.

5. Select the PMP to which you are submitting data from the drop-down list in the **Select PMP** field.
6. Complete the required fields.

**Notes:**

- An asterisk (\*) indicates a required field.
- **If you are entering a compound**, click the **Compound** checkbox in the **Drug Information** section of the page, complete the required fields for the first drug ingredient, then click **Add New** to add additional drug ingredients.

7. Once you have completed all required fields, click **Save**.  
The **Submit Now** button is displayed at the top of the page.

**Edit Universal Claim Form**

You may submit this form at any time.

This claim form is not completely processed until submitted. Please review and edit the form, or click "Submit Now" to process the form.

**Submit Now**

Form has been successfully created. ×

8. Click **Submit Now** to continue with the data submission process. A message is displayed prompting you to confirm the data submission.

pmpclearinghouse.net says

Are you sure you are ready to submit?

**OK** **Cancel**

9. Click **OK**. Your data will be validated upon submission. If there are any errors on the UCF form, they are displayed at the top of the page.

**Edit Universal Claim Form**

You may submit this form at any time.

This claim form is not completely processed until submitted. Please review and edit the form, or click "Submit Now" to process the form.

**Submit Now**

Form has errors and was unable to be submitted. ×

- Drug Segment is invalid
- Patient last name can't be blank
- Patient first name can't be blank
- Date of Birth can't be blank
- Pharmacy name can't be blank
- Pharmacy address can't be blank
- Pharmacy city can't be blank
- Pharmacy state can't be blank
- Prescriber last name can't be blank
- Prescriber first name can't be blank
- Pharmacy zip code can't be blank
- Claim fill number can't be blank
- Claim fill number is not a number
- Date written can't be blank
- Date filled can't be blank
- Claim days supply can't be blank
- Claim days supply is not a number
- Claim authorized refill count can't be blank

**Note:** If there are no errors, you are returned to the **Submitted Claim Forms** page and your report is listed there.

10. Correct the indicated errors, then repeat steps 7–9.
11. Once your data has been successfully submitted, your report is listed on the **UCF Listings** page.

## 6 Data Compliance

This chapter describes how to view the status of your submitted data files and how to correct errors.

### 6.1 File Listings

The **File Listings** page displays information extracted from the data files submitted to PMP Clearinghouse, including the file name, number of records identified within the data file, number of records that contain warnings, number of records that contain errors, and the date and time of submission. The **File Listings** page is displayed upon logging in to Clearinghouse. You may also click **File Submissions** from the menu at any time to access this page.


You may sort the **File Listings** page by account name, file name, PMP, number of records, warning count, error count, and date submitted. You may also click the account name to display the account details.

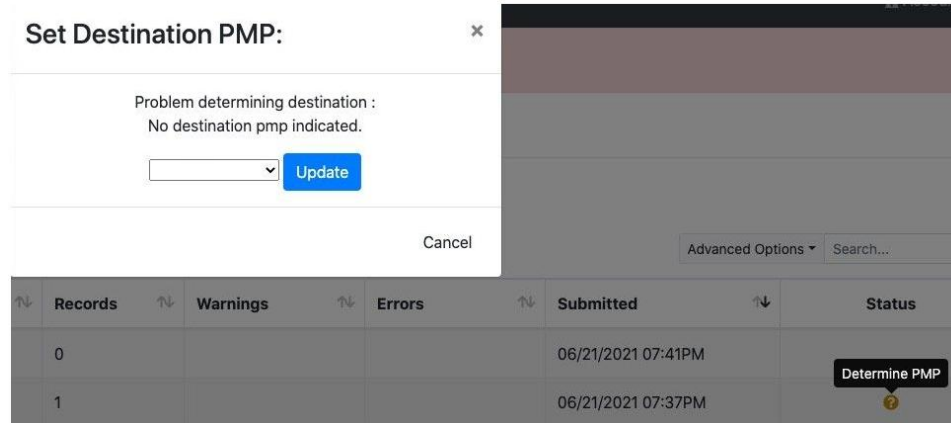
Account	File	State	Records	Warnings	Errors	Submitted	Status	Status Report
DEMO ACCT	AA555555_20211130.dat	DO	2		1	11/30/2021 02:21PM		<a href="#">Report</a>
DEMO ACCT	ZZ555555_20211130.DAT	DO	2			11/30/2021 02:01PM		<a href="#">Report</a>
DEMO ACCT	ZZ555555_20211123.DAT	DO	2			11/23/2021 03:13PM		<a href="#">Report</a>
DEMO ACCT	AA555555_20211123.dat	DO	2			11/23/2021 02:29PM	(test file)	<a href="#">Report</a>
DEMO ACCT	Bad_File_2.dat	DO	0			11/23/2021 02:27PM		-
DEMO ACCT	Bad_File.dat	DO	0			11/23/2021 02:26PM		-

- The **Status** column, located at the end of each row, displays the file status via color-coded icon. Hovering over the icon will display the status message.
- The **Status Report** column, located next to the **Status** column, contains a link to the status report for that file. Please refer to [File Status Report](#) for more information on how to read and interpret this report.

If a file contains errors, it will have a symbol with a mouse over hint of “**Pending Dispensation Error**” within the status column. You can click the error icon in the **Status** column to display the Error Correction page, which allows you to view the records containing errors (see [View Records](#) for more information). Please refer to [Error Correction](#) for instructions on how to correct errors.

If a file is unable to be parsed into the PMP Clearinghouse application, it will have an symbol with a mouse over hint of “**ASAP Errors**.” Clicking the icon will display the detailed error, which indicates what element was missing or malformed. To correct these errors, a new file must be submitted to PMP Clearinghouse. It is not necessary to void a file that failed parsing since it was not successfully submitted to PMP Clearinghouse.

If you submitted a file via SFTP without using a PMP-specific sub-folder, the file will be displayed, and  symbol will be displayed in the status column with a mouse over hint of “**Determine PMP.**” Clicking the icon will prompt you to select a destination PMP to which the data file will be transferred.



If you submitted a zero report via file upload or SFTP that is malformed or missing information, the file will be displayed, and an exclamation mark icon inside a red triangle will be displayed in the status column. Hovering over the icon will display the “Invalid Zero Report” error. Clicking on the icon will display the detailed error message. To correct these errors, a new zero report must be submitted. Error example:



## 6.2 UCF Listings

The **UCF Listings** page displays information about the UCFs submitted to PMP Clearinghouse, including the number of warnings and errors. Click **UCF Submissions** to access this page.

You may sort the **UCF Listings** page date created, PMP, warning count, error count, and status.

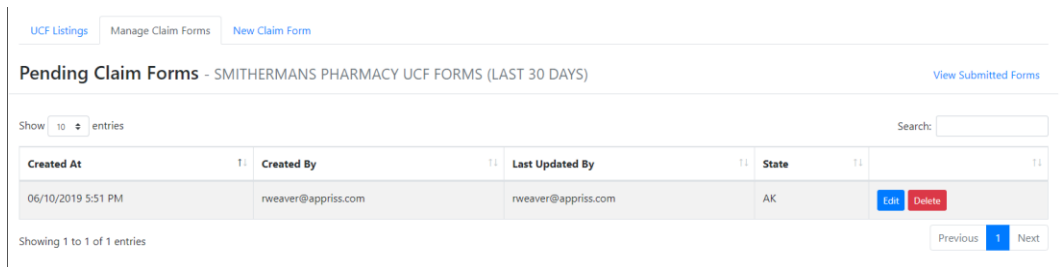
Created at	State	Warnings	Errors	Status
01/15/2019 02:13 PM	KS	0	0	✓
01/17/2019 07:38 PM	KS	0	0	✓
01/28/2019 03:51 PM	CR	0	0	✓
01/28/2019 04:04 PM	CR	0	0	✓
01/28/2019 04:07 PM	CR	0	0	✓
01/28/2019 04:11 PM	CR	0	0	✓

The **Status** column, located at the end of each row, displays the UCF’s status. Data entered into the UCF is validated upon submission; therefore, successfully submitted UCFs should not contain errors. However, if you have attempted to submit a UCF with errors and did not immediately correct those errors and submit the record, you have up to one (1) year to make updates to these records in Clearinghouse.

- To view pending or incomplete submissions, click the **Manage Claim Forms** tab on the **UCF Listings** page.



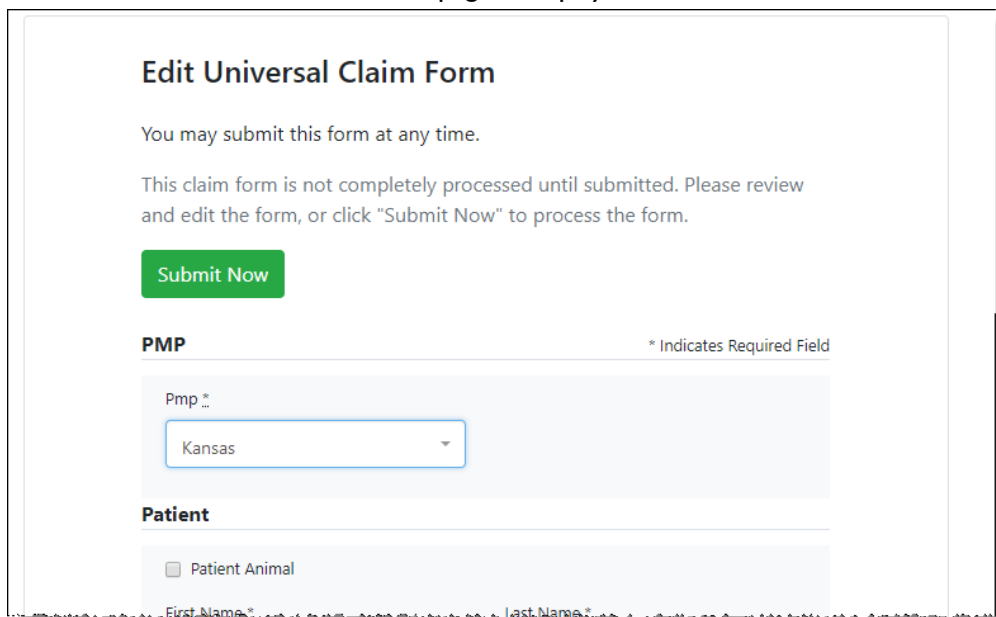
The **Pending Claim Forms** page is displayed.



- Click **Edit** next to the form you wish to update.

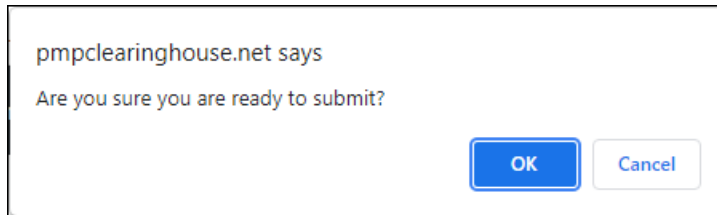
**Note:** If it has been longer than 1 year, the **Edit** option will no longer be available. You must click **Delete** to delete the record and start over.

The **Edit Universal Claim Form** page is displayed.



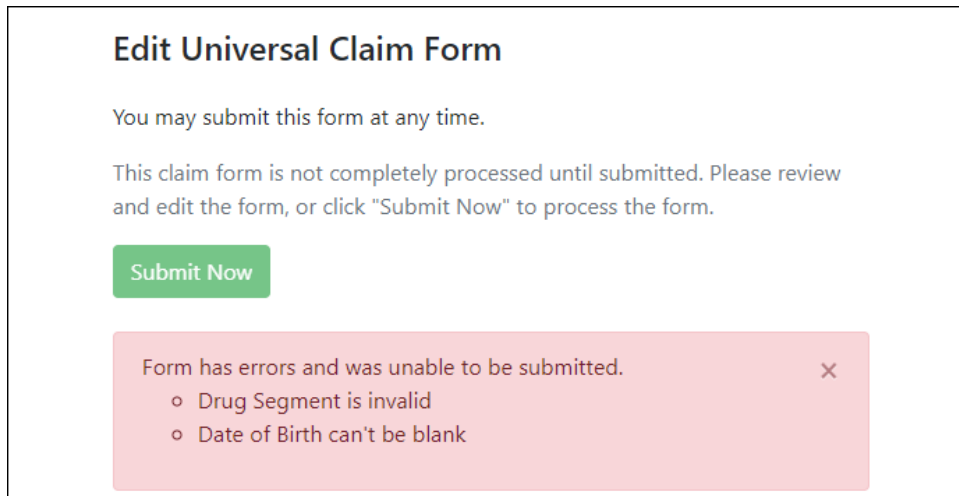
- Make the necessary corrections or changes, and then click **Submit Now**, located at the top of the page.

A message is displayed prompting you to confirm the data submission.



4. Click **OK**.

Your data will be validated upon submission. If there are any remaining errors on the UCF form, they are displayed at the top of the page.



**Note:** If there are no errors, you are returned to the **Submitted Claim Forms** page, and your report is listed there.

5. Correct the indicated errors, then repeat steps 3-4.
6. Once your data has been successfully submitted, your report is listed on the **UCF Listings** page.

## 6.3 Error Correction Page

### 6.3.1 View Records with Errors

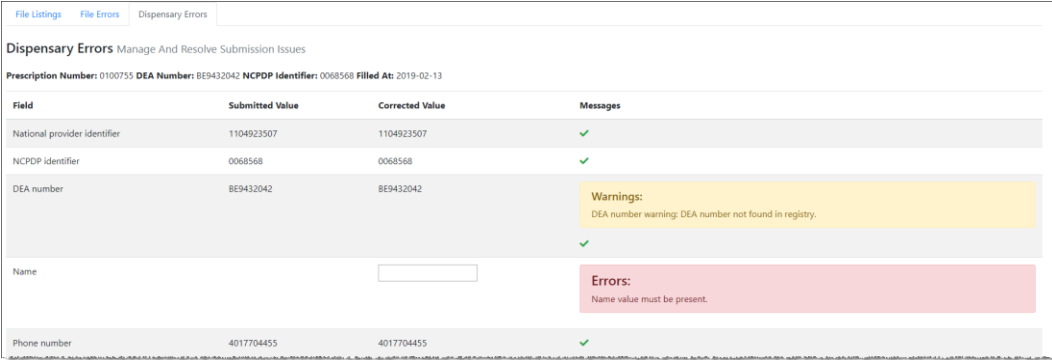
The **Error Correction** page displays more information about the records within a selected data file that need correcting, including **Prescription Number**, **Segment Type**, **Warning Count**, and **Error Count**. To access this page, click the “**Pending Dispensation Error**” message in the **Status** column of the [File Listings](#) page.

DEA Number <sup>T1</sup>	NCPDP Identifier <sup>T1</sup>	Prescription Number <sup>T1</sup>	Name <sup>T1</sup>	Filled At <sup>T1</sup>	Segment Type <sup>T1</sup>	Warning Count <sup>T1</sup>	Error Count <sup>T1</sup>	Action
[REDACTED]	[REDACTED]	2104AB	RED CROSS	2021-01-10	Dispensation	0	2	<a href="#">Correct</a> <a href="#">Void</a>
[REDACTED]	[REDACTED]	2104AB	RED CROSS	2021-01-10	Patient	0	1	<a href="#">Correct</a> <a href="#">Void</a>

The **Correct** button, located at the end of each row, allows you to make corrections to the record.

### 6.3.2 Error Correction via PMP Clearinghouse

Once you click **Correct** on the **Error Correction** page, the **Errors** page is displayed. This page displays detailed information about the records within a selected data file that need correcting, including all the fields contained within the record and the originally submitted value, and allows you to correct those records.



Field	Submitted Value	Corrected Value	Messages
National provider identifier	1104923507	1104923507	✓
NCPDP Identifier	0068568	0068568	✓
DEA number	BE9432042	BE9432042	Warnings: DEA number warning: DEA number not found in registry. ✓
Name	<input type="text"/>		Errors: Name value must be present.
Phone number	4017704455	4017704455	✓

- The **Corrected Value** column allows you to enter a new value to correct the error.
- The **Message** column displays the relevant error message explaining why the value entered in that field did not pass the validation rules.

**For files that failed to parse, the error identified is "best effort" and any information we could not parse is listed as "unparseable" in the file. In this case, you must submit a corrected file.**

#### To correct records:

1. Identify the fields that require corrections. Fields containing errors are highlighted in red, as shown in the screenshot above.
2. Enter the corrected value in the **Corrected Value** column.
3. Click **Submit**.

The error is processed through the validation rules.

- a. If the changes pass the validation rules, the record is valid, and a message is displayed indicating that the errors have been corrected. The [File Listings](#) and [Error Correction](#) pages are also updated.
- b. If the changes fail the validation rules, a message is displayed indicating that there was a problem correcting the errors, and the **Message** column is updated with any new error message. Repeat steps 2–3 until the errors have been corrected and the file can be successfully submitted.

### 6.3.3 Error Correction via File Submission

The ASAP 4.2B standard requires a pharmacy to select an indicator in the **DSP01** (Reporting Status) field. These indicators allow you to submit new records, revise and resubmit records, and void (delete) erroneous records.

These actions are indicated by supplying one of the following values in the **DSP01** field:

- **00 New Record** – indicates a new record
- **01 Revise** – indicates that one or more data elements in a previously-submitted record have been revised

**To revise a record:**

- a. Create a record with the value “**01**” in the **DSP01** field.
- b. Populate the following fields with the same information originally submitted in the record that is being revised:
  - **PHA03** (DEA Number)
  - **DSP02** (Prescription Number)
  - **DSP05** (Date Filled)
  - **DSP06** (Fill Number)
  - **DSP09** (Quantity Filled)
  - **DSPI3** (Partial Fill Indicator)
- c. Fill in all other data fields with the correct information. This information will override the original data linked to the fields referenced in step 2.
- d. Submit the record.

**Important Note:** When submitting revisions for the Prescription Number (DSP02), Pharmacy DEA (PHA03), Date Filled (DSP05), Quantity Filled (DSP09), and/or Fill Number (DSP06) fields, a Void submission (02) on the original record should be processed before re-submitting a New Record (00). Submitting Revise (01) for one of these five fields will process as a new prescription and both submissions will appear. All other field revisions may be processed as 01.

- **02 Void** – indicates that the original record should be removed

**To void a record:**

- a. Create a record with the value “**02**” in the **DSP01** field.
- b. Fill in all other data identical to the original record.
- c. Submit the record. This will void the original record.

## 7 Email Reports

Email status reports are automatically sent to all users associated with a specific data submitter account. These reports are used to identify errors in files that have been submitted and to confirm zero report submissions. This chapter describes the status reports you may receive via email.

### 7.1 File Failed Report

You will receive the *File Failed Report* if a submitted file was not able to be parsed and was not processed into PMP Clearinghouse. The report contains a description of the error encountered within the file. In the event of a failed file, a new file should be submitted with the necessary corrections.

**Note:** Failed files are not parsed into Clearinghouse and do not require a voided ASAP file to remove it from the system.

An example *File Failed Report* is provided below.

SUBJ: Louisiana ASAP file: fake-test3.txt - Parse Failure

BODY:

Error Message

-----  
Failed to decode the value '04' for the bean id 'transactionControlType'.

Summary:

- \* File Name: fake-test3.txt
- \* ASAP Version: 4.2B
- \* Transaction Control Number: unparseable
- \* Transaction Control Type: unparseable
- \* Date of Submission: September 19, 2025

NOTE: This file could not be received into the system because the system could not recognize its content as a valid ASAP format. Action is required to resolve the issues and a subsequent file should be submitted. As such the information provided in this report is "best effort" and any information we could not parse is listed as "unparseable" in the fields above.

### 7.2 File Status Report

The *File Status Report* serves as notification that a data file is currently being parsed by the PMP system.

This report identifies specific records in the submitted data file and returns identifying information about the record, including specific errors identified during the validation process. It uses fixed-width columns and contains a summary section after the error listings. Each column contains a blank two-digit pad at the end of the data.

The columns are set to the following lengths:

Column	Length
DEA	11 (9 + pad)
NCPDP	9 (7 + pad)
NPI	12 (10 + pad)
Prescription	27 (25 + pad)
Filled	10 (8 + pad)
Segment	18 (16 + pad)
Field	18 (16 + pad)
Type	9 (7 + pad)
Message	Arbitrary

The *File Status Report* notifies you of the following scenarios:

- **Total records:** The total number of records contained in the submitted data file.
- **Duplicate records:** The number of records that were identified as already existing within the PMP system. Duplicate records are not imported to prevent improper patient information.
- **Records in process:** The number of records remaining to be processed into the system (usually only displays a number if the file has not finished loading at the time the report is sent out).

**Note:** Records remaining to be processed will continue to be processed even after the status report is sent.

- **Records with errors:** The number of records that contain errors. These errors must be corrected for the record to be imported into the system. If a zero (0) is displayed, there are no errors in the data. Please refer to [Error Correction](#) for instructions on correcting errors.
- **Records with warnings:** The number of records that contain warnings. These warnings do not need to be corrected for the record to be imported into the system. Though the warnings do not need to be corrected for the record to be imported into the PMP, the warnings are in place to notify the pharmacy of inconsistencies that need to be addressed such as a DEA did not pass check sum or missing/invalid DEA. If a zero (0) is displayed, there are no warnings in the data.
- **Records imported with warnings:** The number of records with warnings that were imported. If a record contains both warnings and errors, the errors must be corrected to be submitted to the system. Please refer to [Error Correction](#) for instructions on correcting errors.
- **Records imported without warnings:** The number of records without warnings that were imported.

**Note:** The initial *File Status Report* is sent out two (2) hours after the file has been submitted to the system. Additional reports will be sent out every 24 hours if errors continue to be identified within a submitted data file.

An example *File Status Report* is provided on the following page.

SUBJ: Louisiana ASAP file: fake-test3.txt - Status Report

BODY:

DEA	NCPDP	NPI	Prescription	Filled	Segment	Field Type	Message
BE1234567	1347347	9034618394	123486379596-0	20250918	Dispensation	refill_number	WARNING message example
DE9841394	3491849	4851947597	357199504833-345	20250918	Dispensation	days_supply	ERROR message example

Summary:

- \* File Name: fake-test3.txt
- \* ASAP Version: 4.2B
- \* Transaction Control Number: 23489504823
- \* Transaction Control Type: send
- \* Date of Submission: September 19, 2025
- \* Total Record Count: ###
- \* Duplicate Records: ###
- \* In Process Count: ###
- \* Records with Error Count: ###
- \* Imported Records Count: ###
- \* Records Imported with Warning Count: ###

## 7.3 Zero Report Confirmation

You will receive a *Zero Report Confirmation* after successfully submitting a zero report to PMP Clearinghouse. This report displays the PMP to which the zero report was submitted, date range for the zero report, date the zero report was submitted to PMP Clearinghouse, and date the report was originally created.

An example *Zero Report Confirmation* is provided below.

SUBJ: ASAP Zero Report: zero\_reports\_20250306KSMCPS.DAT

BODY:

Summary:

\* File Name: zero\_reports\_20250301KSMCPS.DAT

\* PMP Name: Louisiana

\* Date Range: 2025-03-06 - 2025-03-06

\* Submission Date: 2025-03-07

\* ASAP Creation Date: 2025-03-06

## 8 Managing Your Upload Account

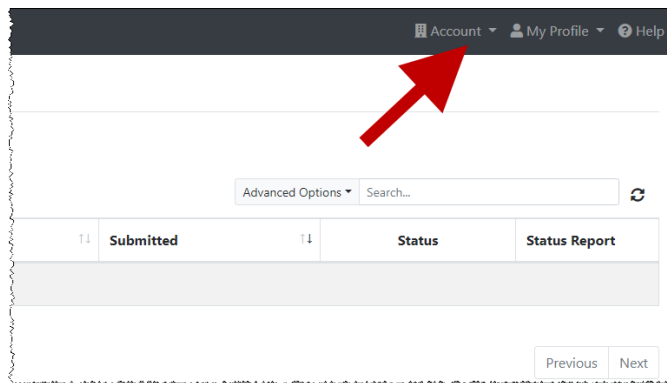
The **Account** menu option allows you to manage the information associated with your organization's upload account, including adding users, PMPs, and SFTP access to your account as well as editing your organization's account information.

**Note:** This chapter contains information for managing the upload account with which your user account is associated. For information about editing and managing your individual user account, including how to change your password, please refer to [Managing Your User Profile](#).

### 8.1 Adding Users to Your Upload Account

PMP Clearinghouse allows data submitters to add new users to the system who have the same rights and access to submitting data and viewing file status. This practice allows you to create an account to be used for a backup individual.

1. [Log in to PMP Clearinghouse](#).
2. Click **Account**.



3. Select **Users** from the **Account** drop-down menu.  
The **Account Users** page is displayed.

 A screenshot of the 'Test Pharmacy Account Users' page. The page title is 'Test Pharmacy Account Users' with a sub-header 'MANAGE DATA SUBMITTER USERS' and a 'New User' button in the top right corner. Below the title, there is a search bar and a 'Show 10 entries' dropdown. The main content is a table with the following columns: Email, First Name, Last Name, Organization Name, Phone Number, Admin Name, and Admin Email. The table contains two rows of user data. At the bottom of the table, there is a 'Showing 1 to 2 of 2 entries' indicator and 'Previous' and 'Next' navigation buttons.
 

Email	First Name	Last Name	Organization Name	Phone Number	Admin Name	Admin Email
[redacted]	Testy	McTesterton	Test Pharmacy	555-123-5555	Test User	[redacted]
(Admin)	Test	User	Test Pharmacy	555-123-5555	Test User	[redacted]

4. Click **New User**, located in the top right corner of the page.

The **New Data Submitter User** page is displayed.

5. Enter the new data submitter’s email address, first name, and last name in the appropriate fields.

**Note:** All fields are required.

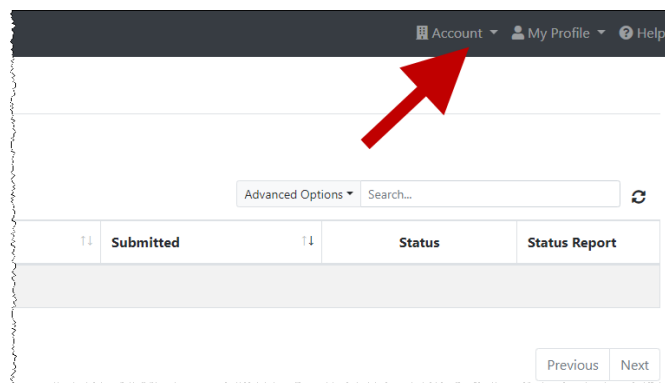
6. Click **Submit**.

The user is added to the list of data submitters for your organization, and you are returned to the **Account Users** page.

7. Please inform the new user of the account creation.
  - a. The user will receive an email with a link for them to confirm their account.
  - b. Once the account has been confirmed, the user will need to navigate to the PMP Clearinghouse Login page and click **Forgot your password?** to create a password for their account and log in.
  - c. Upon logging in, the user will be able to view all files submitted for your organization’s upload account.

### 8.1.1 Changing Another User’s Password

1. [Log in to PMP Clearinghouse.](#)
2. Click **Account**.



3. Select **Users** from the **Account** drop-down menu.

The **Account Users** page is displayed.

Email	First Name	Last Name	Organization Name	Phone Number	Admin Name	Admin Email
test@bambooh.com	Testy	McTesterton	Test Pharmacy	555-123-5555	Test User	test@bambooh.com
test@bambooh.com (Admin)	Test	User	Test Pharmacy	555-123-5555	Test User	test@bambooh.com

- Click the **Edit** button, located to the right of the user’s information. The **Edit Data Submitter User** page is displayed.

**Edit Data Submitter User** MANAGE DATA SUBMITTER USERS

Account Information

\* Email

\* First name

\* Last name

Password

leave it blank if you don't want to change it

Password confirmation

- Enter a new password for the user in the **Password** field, then re-enter it in the **Password confirmation** field. The password requirements are provided below.

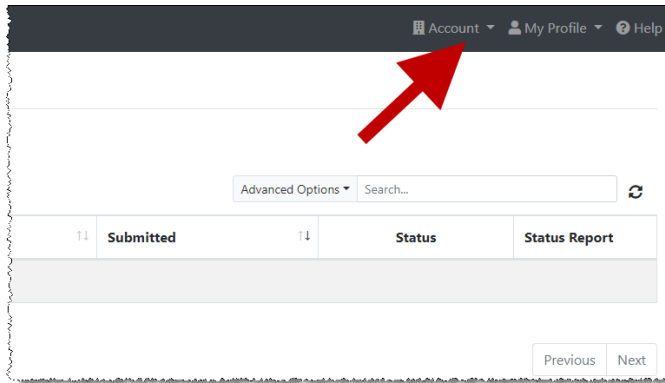
- Passwords must contain:*
- At least eight (8) characters
  - One (1) uppercase letter
  - One (1) lowercase letter
  - One (1) number
  - One (1) special character, such as !, @, #, \$, etc.

- Click **Submit**. The password is changed.

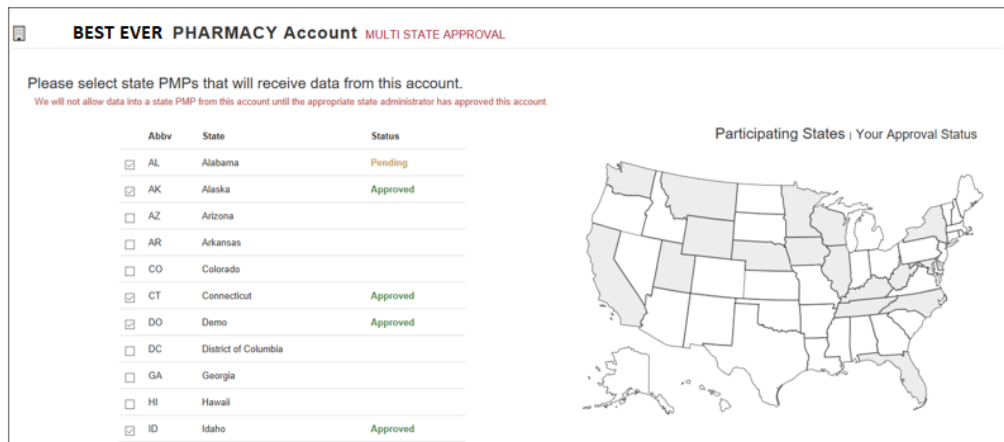
## 8.2 Adding PMPs to Your Upload Account

If your organization needs to submit data files to an additional PMP that uses PMP AWARxE, you can submit the request through PMP Clearinghouse.

1. [Log in to PMP Clearinghouse.](#)
2. Click **Account**.



3. Select **Multi State Approval** from the **Account** drop-down menu. The **Multi State Approval** page is displayed. This page displays all PMPs currently using the PMP AWARxE system as well as your data sharing status with each PMP.



4. To request to submit data to another PMP, click to select the checkbox next to that PMP.

PMP Clearinghouse automatically saves your changes, and your request is submitted to the PMP administrator for review and approval. Once the request has been approved, the status for that PMP will change from “Pending” to “Approved,” and you may begin submitting data to that PMP.

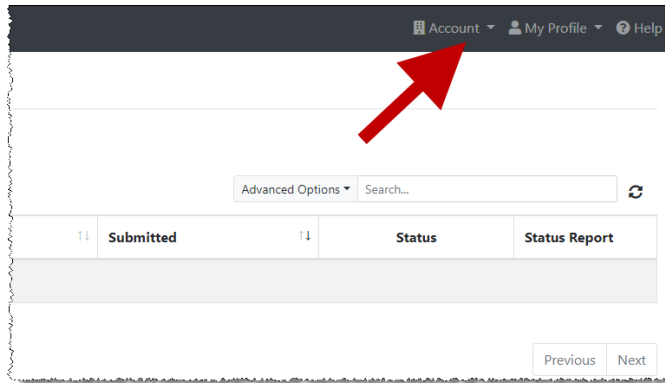
### Notes:

- If you are submitting data via SFTP, the file must be located in the proper subfolder to ensure delivery to the desired PMP.
- To cancel data submission to a PMP, uncheck the box for that PMP. Note that if you need to submit data to that PMP again in the future, you will have to go through the approval process again.

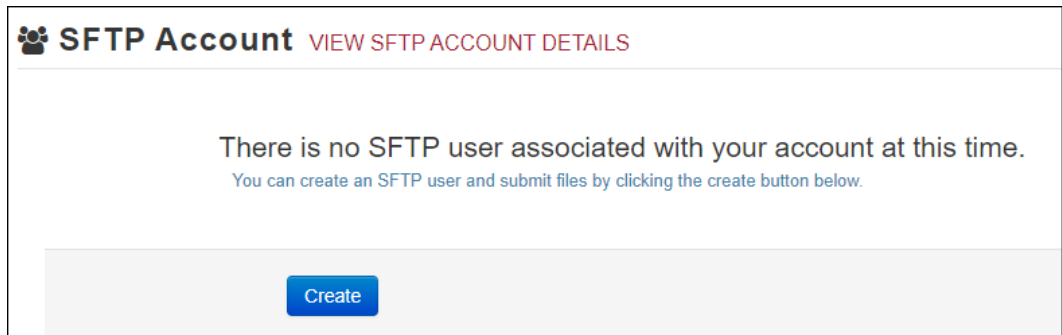
## 8.3 Adding SFTP Access to an Upload Account

If a registered upload account did not request an SFTP account during the account creation process, you can request one at any time using the **Account** menu option.

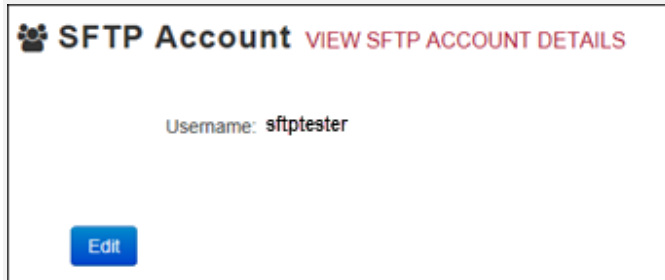
1. [Log in to PMP Clearinghouse.](#)
2. Click **Account**.



3. Select **SFTP Details**.  
The **SFTP Account** page is displayed.



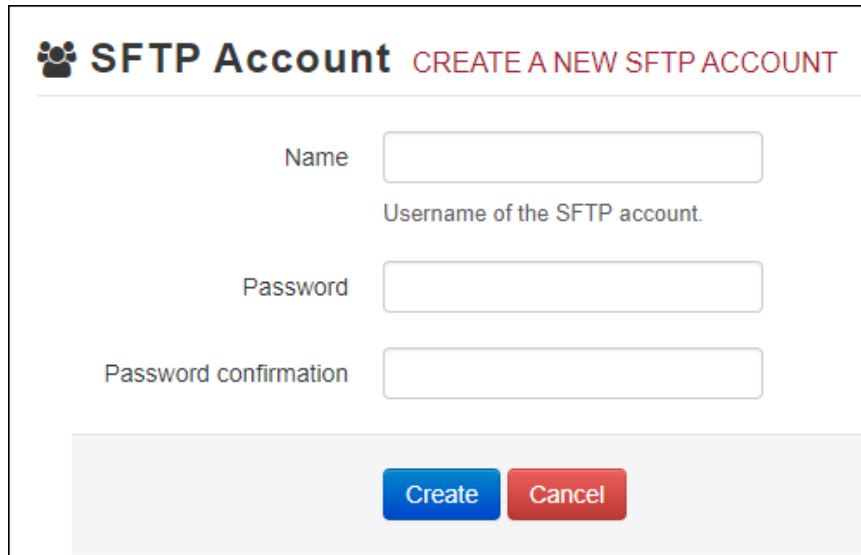
**Note:** If an SFTP account already exists for the upload account, the username is displayed on the **SFTP Account** page.



You cannot change the SFTP account username. However, you can update the password by clicking **Edit**.

4. Click **Create**.

The **Create a New SFTP Account** page is displayed.



**SFTP Account** CREATE A NEW SFTP ACCOUNT

Name   
Username of the SFTP account.

Password

Password confirmation

5. Enter a username for the account in the **Name** field.

**Notes:**

- The username must contain a minimum of eight (8) characters.
- Once the SFTP account has been created, you cannot change the username.

6. Enter a password for the account in the **Password** field, then re-enter it in the **Password confirmation** field. The password requirements are provided below.

*Passwords must contain:*

- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.

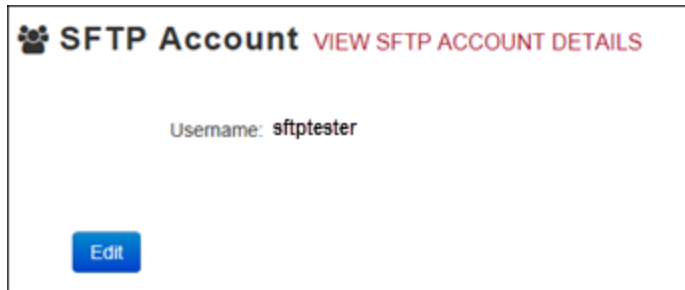
Once the account has been successfully created, this password will be input into the pharmacy software so that submissions can be automated.

**Notes:**

- This password can be the same as the one used when the upload account was created.
- Unlike your Profile password (i.e., your user account password), the SFTP password does not expire.
- The URL to connect via SFTP is <http://submissions.healthcarecoordination.net/>.
- Additional details on SFTP configuration can be found in [Appendix D: SFTP Configuration](#).

7. Click **Create**.

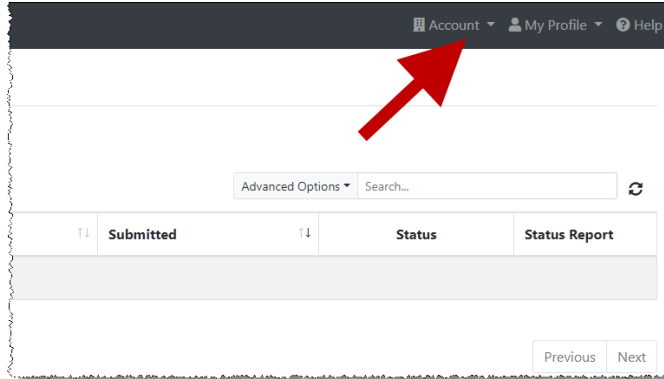
The account is created, and the username is displayed.



## 8.4 Editing Your Upload Account

**Note:** This function only allows you to edit your organization's upload account. If you need to edit your individual profile information, please refer to [Editing Your Profile](#).

1. [Log in to PMP Clearinghouse](#).
2. Click **Account**.



3. Select **Account Details**.  
The **Account** page is displayed as shown on the following page.

### Bamboo Health Accounts

#### Account Details

**Name:** Bamboo Health  
**Phone Number:** 5555555555  
**Fax Number:**  
**Allowed submission:** True  
**Suppress Rx details in emailed error reports:** False

#### Admin Details

**User Name:** QA TESTER  
**Email:** qa2@gmail.com  
**Address:** 10401 Linn Station Road#200  
Louisville KY 40218  
**SFTP Account ID:** qa255501@qapmpsftp

[Edit](#)

4. Click **Edit**.  
The **Edit Account** page is displayed.

### Edit Bamboo Health Account

**Account Details** \* Indicates Required Field

**Name \***

Phone number  Fax number

Allowed submission  
 Suppress Rx details in emailed error reports

**Admin Details**

Address

City  Zip code

State

5. Update the information as necessary, then click **Submit**.  
The account information is updated.

## 9 Managing Your User Profile

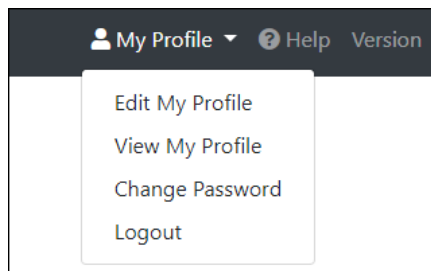
This chapter describes how to manage your individual user profile, including how to edit your profile and manage your password.

**Note:** This chapter contains information for managing your individual user profile. For information about managing your organization's upload account, including how to add users, please refer to [Managing Your Upload Account](#).

### 9.1 Editing Your Profile

**Note:** This function only allows you to edit your individual profile information. If you need to edit the Organization Information, please refer to [Editing Your Upload Account](#).

1. [Log in to PMP Clearinghouse](#).
2. Click **My Profile**.



3. Select **Edit My Profile**.

#### Edit Profile

##### Profile Details

\* Indicates Required Field

<b>First name *</b> <input type="text" value="Test"/>	<b>Last name *</b> <input type="text" value="User"/>
<b>Email *</b> <input type="text" value="testuser@email.com"/>	<b>Time zone</b> <input type="text" value="(GMT-05:00) Eastern Time (US 8)"/>
<input checked="" type="checkbox"/> <b>Disable report emails</b>	

##### Organization Information

**Name:** Bamboo Health Test Pharmacy  
**Admin:** Test Admin  
**Admin Email:** testadmin@email.com

Save Changes

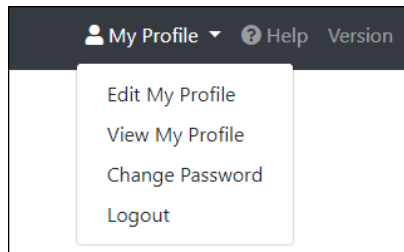
Cancel

4. Update your information as necessary, then click **Submit**.  
Your changes are saved, and your updated profile is displayed.

## 9.2 Changing Your Password

**Note:** Clearinghouse passwords expire every 90 days. You can use this function to proactively change your password before it expires. If your password has already expired, or you have forgotten your password, navigate to the PMP Clearinghouse Login page and click **Forgot your password?** to reset it. Please refer to [Resetting Your Password](#) for more information.

1. [Log in to PMP Clearinghouse](#).
2. Click **My Profile**.



3. Select **Change Password**.

 A screenshot of the 'Change Password' form. The form has a title 'Change Password' and a subtitle 'Profile Details'. It includes a note '\* Indicates Required Field'. The form contains the following fields: 'Email: testuser@email.com', 'Current password \*' (with a password input field), 'Password' (with a password input field), and 'Password confirmation' (with a password input field). Below the fields are two buttons: 'Update' and 'Cancel'. A note below the 'Current password' field states 'we need your current password to confirm your changes'.

4. Enter your current password in the **Current Password** field.
5. Enter your new password in the **Password** field, then re-enter it in the **Password Confirmation** field. The password requirements are provided below.

Passwords must contain:

- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.

6. Click **Update**.

Your password is updated, and you will use it the next time you log in to PMP Clearinghouse.

## 9.3 Resetting Your Password

If you have forgotten your password or your password has expired, perform the following steps to reset it.

1. Open an internet browser window and navigate to the **PMP Clearinghouse Login** page located at [https://pmpclearinghouse.net/users/sign\\_in](https://pmpclearinghouse.net/users/sign_in).

2. Click the **Forgot your password?** link, located in the Help section of the page. The **Forgot your password?** page is displayed.

3. Enter the email address associated with your user account, then click **Send me reset password instructions**.

- Once you receive the reset password email, click the **Change my password** link within the email.

The **Change Password** page is displayed.

**Change Password**

**Profile Details** \* Indicates Required Field

Email: testuser@email.com

**Current password \***

we need your current password to confirm your changes

**Password \***      **Password confirmation \***

**Update**   **Cancel**

- Enter your new password in the **Password** field, then re-enter it in the **Password Confirmation** field. The password requirements are provided below.

Passwords must contain:

- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.

- Click **Change my password**.

Your password is changed, and you can now use it to log in to PMP Clearinghouse.

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# 10 Assistance and Support

## 10.1 Technical Assistance

If you need additional help with any of the procedures outlined in this guide, you can:

- Contact Bamboo Health at 1-844-9LA-4PMP (844-952-4767).

**OR**

- Create a support request at the following URL:

<https://pmpclearinghouse.zendesk.com/hc/en-us/>.

Technical assistance is available Monday–Friday from 8:00 a.m. to 8:00 p.m., EST.

## 10.2 Administrative Assistance

If you have non-technical questions regarding the LA PMP, please contact:

Prescription Monitoring Program  
Louisiana Board of Pharmacy  
3388 Brentwood Drive  
Baton Rouge, LA 70809-1700

**Phone:** 225-925-6496, Opt. 4

**Email:** [pmp@pharmacy.la.gov](mailto:pmp@pharmacy.la.gov)

# II Document Information

## II.1 Disclaimer

Bamboo Health has made every effort to ensure the accuracy of the information in this document at the time of printing. However, information is subject to change.

## II.2 Change Log

Version	Date	Chapter/Section	Change Made
1.0	05/03/2016	N/A	Updated draft
1.1	09/28/2016	10.2/Administrative Assistance	Updated administrative contact information
2.0	09/06/2018	Global	Updated document template and language
2.1	01/17/2019	2.2/Reporting Requirements	Added naloxone to the definition for “drugs of concern”
2.2	02/13/2020	Global	Updated screenshots to reflect updated user interface (note that this is only a cosmetic change; no functionality changes are included)
		4.3/Zero Reports	Separated into two sections (Submit a Single-Click Zero Report and Create a New Zero Report) to reflect the addition of the single-click zero report submission functionality
		4.3.1/Submit a Single-Click Zero Report	Added new section with instructions for submitting a single-click zero report
2.3	02/19/2020	Appendix C/ Exemptions to Reporting	Added state-provided language regarding the PMP Exemption Request Form
			Updated mailing address, email, and phone number
2.4	06/10/2020	Appendix C/ Exemptions to Reporting	Changed all references to “dispensers” to “pharmacies”
2.5	03/23/2021	Global	Updated to add information regarding drugs of concern
		Appendix A/ASAP 4.2 Specifications	Changed the reporting requirement for PRE04 from “N” to “S” and added guidance on its use
2.6	05/21/2021	Appendix A/ASAP 4.2B Specifications	Updated 4.2 to 4.2B
2.7	08/16/2021	Appendix A / ASAP 4.2B Specifications	Updated reporting requirements in numerous sections throughout the appendix

2.8	11/30/2021	10/Assistance and Support	Updated Zendesk URL
2.9	3/28/2022	Global	Updated guide to reflect Bamboo Health branding
3.0	07/21/2022	6.3.3/Error Correction via File Submission	Added instructions on how to revise a record
3.1	11/09/2022	10.2/Administrative Assistance	Updated phone number option per state request
3.2	03/04/2024	Global	Updated SFTP host information throughout the document
		6.2/UCF Listings	Updated timeframe to be able to revise a UCF record from 30 days to 1 year
		6.3.3/Error Correction via File Submission	Added Partial Fill Indicator as a required field to revise a record
4.0	12/02/2025	6.3.3/Error Correction via File Submission	Added additional guidance for correcting and voiding records
		Global	Updated branding to be in line with new guidelines
		Global	Removed references to the collection of Medical Marijuana and Naloxone per state's request
		Appendix E/Data Entry Guidance	Added new appendix
		Appendix A/ASAP 4.2b Specifications	Added notes throughout per state's request.

# Appendix A: ASAP 4.2B Specifications

The information on the following pages contains the definitions for the specific contents required of uploaded records in the American Society for Automation in Pharmacy (ASAP) format to comply with the LA PMP requirements.

The following elements are used in each upload file:

- **Segment Identifier** – indicates the beginning of a new segment, for example, *PHA*.
- **Data Delimiter** – character used to separate segments and the data elements within a segment, for example, an asterisk (\*).

Each completed field should be followed by an asterisk, and each blank field should contain a single asterisk.

If the last field in the segment is blank, it should contain an asterisk and a tilde (~).

- **Segment Terminator** – character used to mark the end of a segment, for example, the tilde (~).

**Note:** Field *TH09* in the Transaction Header segment contains a built-in segment terminator. Since *TH09* also signifies the end of the segment, it should contain two tildes (~~).

- **Requirement**
  - R = Required by the LA PMP
  - N = Not required but accepted if submitted
  - S = Situational

**Note:** For more information, contact the American Society for Automation in Pharmacy for the full Implementation Guide for the ASAP Standard for Prescription-Monitoring Programs. This guide includes field lengths, acceptable attributes, and examples.

Segment	Element ID	Element Name	Requirement	Notes
<b>TH: Transaction Header (required)</b>				
Used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.				
	<b>TH01</b>	<b>Version/Release Number</b> Code uniquely identifying the transaction. Format = x.xx	R	
	<b>TH02</b>	<b>Transaction Control Number</b> Sender assigned code uniquely identifying a transaction.	R	
	<b>TH03</b>	<b>Transaction Type</b> Identifies the purpose of initiating the transaction. <ul style="list-style-type: none"> <li>01 Send/Request Transaction</li> <li>02 Acknowledgement (used in Response only)</li> <li>03 Error Receiving (used in Response only)</li> <li>04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted)</li> </ul>	N	
	<b>TH04</b>	<b>Response ID</b> Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	N	
	<b>TH05</b>	<b>Creation Date</b> Date the transaction was created. Format: CCYYMMDD.	R	
	<b>TH06</b>	<b>Creation Time</b> Time the transaction was created. Format: HHMMSS or HHMM.	R	
	<b>TH07</b>	<b>File Type</b> <ul style="list-style-type: none"> <li>P = Production</li> <li>T = Test</li> </ul>	R	
	<b>TH08</b>	<b>Routing Number</b> Reserved for real-time transmissions that go through a network switch to indicate, if necessary, the specific PMP the transaction should be routed to.	N	
	<b>TH09</b>	<b>Segment Terminator Character</b> This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction.	R	

Segment	Element ID	Element Name	Requirement	Notes
<b>IS: Information Source (required)</b>				
Used to convey the name and identification numbers of the entity supplying the information.				
	<b>IS01</b>	<b>Unique Information Source ID</b> Reference number or identification number. (Example: phone number)	R	
	<b>IS02</b>	<b>Information Source Entity Name</b> Entity name of the Information Source.	R	
	<b>IS03</b>	<b>Message</b> Free-form text message.	N	
<b>PHA: Pharmacy Header (required)</b>				
Used to identify the pharmacy.				
<b>Note:</b> It is required that information be provided in at least one of the following fields: PHA01, PHA03, or PHA13.				
	<b>PHA01</b>	<b>National Provider Identifier (NPI)</b> Identifier assigned to the pharmacy by CMS.	S	
	<b>PHA02</b>	<b>NCPDP/NABP Provider ID</b> Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	S	
	<b>PHA03</b>	<b>DEA Number</b> Identifier assigned to the pharmacy by the Drug Enforcement Administration.	R	
	<b>PHA04</b>	<b>Pharmacy Name</b> Free-form name of the pharmacy or dispensing practitioner.	R	
	<b>PHA05</b>	<b>Address Information – 1</b> Free-form text for address information.	R	
	<b>PHA06</b>	<b>Address Information – 2</b> Free-form text for address information.	N	
	<b>PHA07</b>	<b>City Address</b> Free-form text for city name.	R	
	<b>PHA08</b>	<b>State Address</b> U.S. Postal Service state code.	R	
	<b>PHA09</b>	<b>ZIP Code Address</b> U.S. Postal Service ZIP Code. Do not include hyphens.	R	
	<b>PHA10</b>	<b>Phone Number</b> Complete phone number including area code. Do not include hyphens.	N	Submission requested
	<b>PHA11</b>	<b>Contact Name</b> Free-form name.	N	Submission requested

Segment	Element ID	Element Name	Requirement	Notes
	<b>PHA12</b>	<b>Chain Site ID</b> Store number assigned by the chain to the pharmacy location. Used when the PMP needs to identify the specific pharmacy from which information is required.	N	If the pharmacy has multiple locations, please submit the chain site ID (location ID).
	<b>PHA13</b>	<b>Pharmacy's Permit Number/License Number</b> Identification assigned to the Pharmacy by the Louisiana Board of Pharmacy. To be utilized only when the pharmacy does not have an NPI number or DEA number. In this instance, leave PHA01 and PHA03 blank and insert the Pharmacy's Louisiana permit number in PHA13 (e.g., if the license number is PHY.00#####-XX, PHA13 would be "#####"). LA PMP authorization required.	S	
<b>PAT: Patient Information (required)</b>				
Used to report the patient's name and basic information as contained in the pharmacy record.				
	<b>PAT01</b>	<b>ID Qualifier of Patient Identifier</b> Code identifying the jurisdiction that issues the ID in PAT03.	S	Submission requested
	<b>PAT02</b>	<b>ID Qualifier</b> Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. <ul style="list-style-type: none"> <li>● 01 Military ID</li> <li>● 02 State Issued ID</li> <li>● 03 Unique System ID</li> <li>● 04 Permanent Resident Card (Green Card)</li> <li>● 05 Passport ID</li> <li>● 06 Driver's License ID</li> <li>● 07 Social Security Number</li> <li>● 08 Tribal ID</li> <li>● 09 Vendor Specific (such as Bamboo Health, Experian, LexisNexis)</li> <li>● 10 Veterinary Patient Microchip Number</li> <li>● 99 Other (agreed upon ID)</li> </ul>	R	
	<b>PAT03</b>	<b>ID of Patient</b> Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	R	
	<b>PAT04</b>	<b>ID Qualifier of Additional Patient Identifier</b> Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	N	

Segment	Element ID	Element Name	Requirement	Notes
	<b>PAT05</b>	<b>Additional Patient ID Qualifier</b> Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. <ul style="list-style-type: none"> <li>• 01 Military ID</li> <li>• 02 State Issued ID</li> <li>• 03 Unique System ID</li> <li>• 04 Permanent Resident Card (Green Card)</li> <li>• 05 Passport ID</li> <li>• 06 Driver's License ID</li> <li>• 07 Social Security Number</li> <li>• 08 Tribal ID</li> <li>• 09 Vendor Specific (such as Bamboo Health, Experian, LexisNexis)</li> <li>• 10 Veterinary Patient Microchip Number</li> <li>• 99 Other (agreed upon ID)</li> </ul>	N	
	<b>PAT06</b>	<b>Additional ID</b> Identification that might be required by the PMP to further identify the individual. An example might be that in PAT03 driver's license is required and in PAT06 Social Security number is also required.	N	
	<b>PAT07</b>	<b>Last Name</b> Patient's last name.	R	
	<b>PAT08</b>	<b>First Name</b> Patient's first name.	R	
	<b>PAT09</b>	<b>Middle Name</b> Patient's middle name or initial if available.	N	Submission requested
	<b>PAT10</b>	<b>Name Prefix</b> Patient's name prefix such as <i>Mr.</i> or <i>Dr.</i>	N	
	<b>PAT11</b>	<b>Name Suffix</b> Patient's name suffix such as <i>Jr.</i> or <i>the III.</i>	S	
	<b>PAT12</b>	<b>Address Information – 1</b> Free-form text for street address information.	R	
	<b>PAT13</b>	<b>Address Information – 2</b> Free-form text for additional address information.	S	
	<b>PAT14</b>	<b>City Address</b> Free-form text for city name.	R	
	<b>PAT15</b>	<b>State Address</b> U.S. Postal Service state or other regional jurisdictional code	R	

Segment	Element ID	Element Name	Requirement	Notes
	<b>PAT16</b>	<b>ZIP Code Address</b> U.S. Postal Service ZIP code. Do not include hyphens. <i>Note: Populate with zeros if patient address is outside the U.S.</i>	R	
	<b>PAT17</b>	<b>Phone Number</b> Complete phone number including area code. Do not include hyphens.	N	Submission requested
	<b>PAT18</b>	<b>Date of Birth</b> Date patient was born. Format: CCYYMMDD	R	
	<b>PAT19</b>	<b>Gender Code</b> Code indicating the sex of the patient. <ul style="list-style-type: none"> <li>● F Female</li> <li>● M Male</li> <li>● U Unknown</li> </ul>	R	
	<b>PAT20</b>	<b>Species Code</b> Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. <ul style="list-style-type: none"> <li>● 01 Human</li> <li>● 02 Veterinary Patient</li> </ul>	R	
	<b>PAT21</b>	<b>Patient Location Code</b> Code indicating where patient is located when receiving pharmacy services. <ul style="list-style-type: none"> <li>● 01 Home</li> <li>● 02 Intermediary Care</li> <li>● 03 Nursing Home</li> <li>● 04 Long-Term/Extended Care</li> <li>● 05 Rest Home</li> <li>● 06 Boarding Home</li> <li>● 07 Skilled-Care Facility</li> <li>● 08 Sub-Acute Care Facility</li> <li>● 09 Acute Care Facility</li> <li>● 10 Outpatient</li> <li>● 11 Hospice</li> <li>● 98 Unknown</li> <li>● 99 Other</li> </ul>	N	If known, choose the code corresponding to the patient location when receiving pharmacy services.
	<b>PAT22</b>	<b>Country of Non-U.S. Resident</b> Used when the patient's address is a foreign country.	N	

Segment	Element ID	Element Name	Requirement	Notes
	<b>PAT23</b>	<b>Name of Animal</b> Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.	S	If the prescription is for an animal, this is required.
<b>DSP: Dispensing Record (required)</b>				
Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.				
	<b>DSP01</b>	<b>Reporting Status</b> DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: <ul style="list-style-type: none"> <li>00 New Record (indicates a new prescription dispensing transaction)</li> <li>01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised)</li> <li>02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored).</li> </ul> <i>*Note: For prescriptions voided with code "02", a limited data set is being offered as an option PMPs can elect to use rather than requiring the entire prescription to be voided. This option is offered in order to streamline the process in the pharmacy when voiding a prescription.</i>	R	
	<b>DSP02</b>	<b>Prescription Number</b> Serial number assigned to the prescription by the pharmacy.	R	
	<b>DSP03</b>	<b>Date Written</b> Date the prescription was written (authorized). Format: CCYYMMDD	R	
	<b>DSP04</b>	<b>Refills Authorized</b> The number of refills authorized by the prescriber.	R	
	<b>DSP05</b>	<b>Date Filled</b> Date prescription was prepared. Format: CCYYMMDD	R	
	<b>DSP06</b>	<b>Fill Number</b> Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the fill number.	R	

Segment	Element ID	Element Name	Requirement	Notes
	<b>DSP07</b>	<b>Product ID Qualifier</b> Used to identify the type of product ID contained in DSP08. <ul style="list-style-type: none"> <li>01 NDC</li> <li>06 Compound</li> </ul>	R	
	<b>DSP08</b>	<b>Product ID</b> Full product identification as indicated in DSP07, including leading zeros without punctuation. If code "06" (indicating a compound) is indicated in DSP07, use "99999" as the first 5 characters; CDI then becomes required	R	
	<b>DSP09</b>	<b>Quantity Dispensed</b> Number of metric units dispensed in metric decimal format. Example: 2.5 <b>Note:</b> For compounds show the first quantity in CDI04.	R	
	<b>DSP10</b>	<b>Days' Supply</b> Estimated number of days the medication will last.	R	
	<b>DSP11</b>	<b>Drug Dosage Units Code</b> Identifies the unit of measure for the quantity dispensed in DSP09. <ul style="list-style-type: none"> <li>01 Each</li> <li>02 Milliliters (ml)</li> <li>03 Grams (gm)</li> </ul>	R	
	<b>DSP12</b>	<b>Transmission Form of Rx Origin Code</b> Code indicating how the pharmacy received the prescription. <ul style="list-style-type: none"> <li>01 Written Prescription</li> <li>02 Telephone Prescription</li> <li>03 Telephone Emergency Prescription</li> <li>04 Fax Prescription</li> <li>05 Electronic Prescription</li> <li>06 Transfer/Forwarded</li> <li>99 Other</li> </ul>	R	
	<b>DSP13</b>	<b>Partial Fill Indicator</b> Used when the quantity in DSP09 is less than the metric quantity per dispensing authorized by the prescriber. This dispensing activity is often referred to as a split filling. <ul style="list-style-type: none"> <li>00 Not a Partial Fill</li> <li>01 First Partial Fill</li> </ul> <b>Note:</b> For additional fills per prescription, increment by 1. So, the second partial fill would be reported as 02, up to a maximum of 99.	S	

Segment	Element ID	Element Name	Requirement	Notes
	<b>DSP14</b>	<b>Pharmacist National Provider Identifier (NPI)</b> Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	N	Submission requested
	<b>DSP15</b>	<b>Pharmacist State License Number</b> This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the Licensing Board.	N	Submission requested
	<b>DSP16</b>	<b>Classification Code for Payment Type</b> Code identifying the type of payment (i.e., how it was paid for). <ul style="list-style-type: none"> <li>● 01 Private Pay</li> <li>● 02 Medicaid</li> <li>● 03 Medicare</li> <li>● 04 Commercial Insurance</li> <li>● 05 Military Installations and VA</li> <li>● 06 Workers' Compensation</li> <li>● 07 Indian Nations</li> <li>● 99 Other</li> </ul>	R	
	<b>DSP17</b>	<b>Date Sold</b> Used to determine the date the prescription left the pharmacy, not the date it was filled, if the dates differ. Format: CCYYMMDD	N	Submission requested
	<b>DSP18</b>	<b>RxNorm Code Qualifier</b> RxNorm Code is the DrugDBCCodeQualifier in the XML format of the SCRIPT transaction. <ul style="list-style-type: none"> <li>● 01 Semantic Clinical Drug (SCD)</li> <li>● 02 Semantic Branded Drug (SBD)</li> <li>● 03 Generic Package (GPCK)</li> <li>● 04 Branded Package (BPCK)</li> </ul>	N	
	<b>DSP19</b>	<b>RxNorm Code</b> Used for electronic prescriptions to capture the prescribed drug product identification.	N	
	<b>DSP20</b>	<b>Electronic Prescription Reference Number</b> This field should be populated with the MessageID in the XML format of the SCRIPT transaction.	N	Submission requested
	<b>DSP21</b>	<b>Electronic Prescription Order Number</b> This field should be populated with the PrescriberOrderNumber in the XML format of the SCRIPT standard.	N	Submission requested

Segment	Element ID	Element Name	Requirement	Notes
	<b>DSP22</b>	<b>Quantity Prescribed</b> This field adds clarity to the value reported in DSP13, Partial Fill Indicator.	N	Submission requested
	<b>DSP23</b>	<b>Rx SIG</b> This field captures the actual directions printed on the prescription vial label.	N	
	<b>DSP24</b>	<b>Treatment Type</b> This field is used to explain the reason for an opioid prescription. If the prescription is not for an opioid, this field should not be used. <ul style="list-style-type: none"> <li><b>01 Not used for opioid dependency treatment</b></li> <li><b>02 Used for opioid dependency treatment</b></li> </ul>	<b>S</b>	<b>ONLY</b> looking for 01 or 02.  If the prescription is not for an opioid drug, leave the data field blank.
	<b>DSP25</b>	<b>Diagnosis Code</b> This field is used to report the ICD-10 code or CDT. If required by a PMP, this field would be populated only when the ICD-10 or CDT code is available. Exclude the decimal point when reporting this field.	N	
<b>PRE: Prescriber Information (required)</b>				
Used to identify the prescriber of the prescription.				
	<b>PRE01</b>	<b>National Provider Identifier (NPI)</b> Identifier assigned to the prescriber by CMS.	S	
	<b>PRE02</b>	<b>DEA Number</b> Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA). For prescribers or reportable drugs that have no DEA number, another identifier, such as their NPI or Prescriber License Number must be submitted. <b>Note:</b> This field is required when the prescription is a controlled substance, based on either federal or local regulation.	R	
	<b>PRE03</b>	<b>DEA Number Suffix</b> Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	S	If the DEA a prescriber uses (e.g., resident or intern) is a hospital facility ID, the DEA suffix is required.

Segment	Element ID	Element Name	Requirement	Notes
	<b>PRE04</b>	<b>Prescriber License Number</b> Identification assigned to the prescriber by the Licensing Board. To be utilized for non-controlled substances (e.g., gabapentin) only when the prescriber does not have an NPI number or DEA number (e.g., veterinarian). In this instance, leave PRE01 and PRE02 blank and insert the prescriber's Louisiana state license number in PRE04. <i>Note: This field is primarily used for veterinary prescriptions.</i>	S	If not a veterinary prescription, leave blank.
	<b>PRE05</b>	<b>Last Name</b> Prescriber's last name.	N	
	<b>PRE06</b>	<b>First Name</b> Prescriber's first name.	N	
	<b>PRE07</b>	<b>Middle Name</b> Prescriber's middle name or initial.	N	
	<b>PRE08</b>	<b>Phone Number</b> Complete phone number including area code. Do not include hyphens.	N	
	<b>PRE09</b>	<b>XDEA Number</b> DATA-Waiver Program eliminated by the Consolidated Appropriations Act of 2023	N	
	<b>PRE10</b>	<b>Jurisdiction or State Issuing Prescriber License Number</b> Use this field to further identify the information provided in PRE04.	N	
<b>CDI: Compound Drug Ingredient Detail (situational)</b>				
Use of this segment is required when medication dispensed is a compound and one of the ingredients is a PMP reporting drug. If more than one ingredient is for a prescription monitoring program reporting drug, then this would be incremented by one for each compound ingredient being reported. If CDI is filled in, the NDC of DSP08 must be 9999999999.				
	<b>CDI01</b>	<b>Compound Drug Ingredient Sequence Number</b> First reportable ingredient is 1; each additional <u>reportable</u> ingredient is incremented by 1.	S	If DSP07 = 06 (compound), then all elements of the CDI segment are required.  Must be a valid NDC.
	<b>CDI02</b>	<b>Product ID Qualifier</b> Code to identify the type of product ID contained in CDI03. • 01 NDC	S	
	<b>CDI03</b>	<b>Product ID</b> Full product identification as indicated in CDI02, including leading zeros without punctuation.	S	

Segment	Element ID	Element Name	Requirement	Notes
	<b>CDI04</b>	<b>Compound Ingredient Quantity</b> Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	S	
	<b>CDI05</b>	<b>Compound Drug Dosage Units Code</b> Identifies the unit of measure for the quantity dispensed in CDI04. <ul style="list-style-type: none"> <li>01 Each (used to report as package)</li> <li>02 Milliliters (ml) (for liters, adjust to the decimal milliliter equivalent)</li> <li>03 Grams (gm) (<u>for milligrams, adjust to the decimal gram equivalent</u>)</li> </ul>	S	
<b>AIR: Additional Information Reporting (situational)</b>				
Used when state-issued serialized Rx pads are used, the PMP requires information on the person dropping off or picking up the prescription, or for data elements not included in other detail segments.				
<b>Note:</b> If this segment is used, at least one of the data elements (fields) will be required.				
	<b>AIR01</b>	<b>State Issuing Rx Serial Number</b> U.S.P.S. code of state that issued serialized prescription blank. This is required if AIR02 is used.	N	
	<b>AIR02</b>	<b>State Issued Rx Serial Number</b> Number assigned to state issued serialized prescription blank.	N	
	<b>AIR03</b>	<b>Issuing Jurisdiction</b> Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.	N	
	<b>AIR04</b>	<b>ID Qualifier of Person Dropping Off or Picking Up Rx</b> Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 Tribal ID	N	If AIR06 is anything but 01, AIR04 is required.
	<b>AIR05</b>	<b>ID of Person Dropping Off or Picking Up Rx</b> ID number of patient or person picking up or dropping off the prescription.	N	If AIR06 is anything but 01, AIR05 is required.

Segment	Element ID	Element Name	Requirement	Notes
	<b>AIR06</b>	<b>Relationship of Person Dropping Off or Picking Up Rx</b> Code indicating the relationship of the person. <ul style="list-style-type: none"> <li>01 Patient</li> <li>02 Parent/Legal Guardian</li> <li>03 Spouse</li> <li>04 Caregiver</li> <li>99 Other</li> </ul>	N	If AIR06 is anything but 01, AIR07 and AIR08 are required
	<b>AIR07</b>	<b>Last Name of Person Dropping Off or Picking Up Rx</b> Last name of person picking up the prescription.	N	
	<b>AIR08</b>	<b>First Name of Person Dropping Off or Picking Up Rx</b> First name of person picking up the prescription.	N	
	<b>AIR09</b>	<b>Last Name or Initials of Pharmacist</b> Last name or initials of pharmacist dispensing the medication.	N	
	<b>AIR10</b>	<b>First Name of Pharmacist</b> First name of pharmacist dispensing the medication.	N	
	<b>AIR11</b>	<b>Dropping Off/Picking Up Identifier Qualifier</b> Additional qualifier for the ID contained in AIR05 <ul style="list-style-type: none"> <li>01 Person Dropping Off</li> <li>02 Person Picking Up</li> <li>03 Unknown/Not Applicable</li> </ul>	N	
<b>TP: Pharmacy Trailer (required)</b>				
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.				
	<b>TP01</b>	<b>Detail Segment Count</b> Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.	R	
<b>TT: Transaction Trailer (required)</b>				
Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.				
	<b>TT01</b>	<b>Transaction Control Number</b> Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R	
	<b>TT02</b>	<b>Segment Count</b> Total number of segments included in the transaction including the header and trailer segments.	R	

## Appendix B: ASAP Zero Report Specifications

The following table contains the required definitions for submitting zero reports via SFTP or manual upload to the LA PMP. It lists the **Segment** and **Element ID** with pre-populated data to be used as an example for constructing a zero report. For more details regarding these Segment or Elements IDs, or for details on reporting actual dispensations, please refer to [Appendix A: ASAP 4.2B Specifications](#).

Segment	Element ID	Element Name	Requirement
<b>TH: Transaction Header (required)</b>			
	<b>TH01</b>	4.2B	R
	<b>TH02</b>	123456	R
	<b>TH05</b>	20250101	R
	<b>TH06</b>	223000	R
	<b>TH07</b>	P	R
	<b>TH09</b>	\\	R
<b>IS: Information Source (required)</b>			
	<b>IS01</b>	7705555555	R
	<b>IS02</b>	PHARMACY NAME	R
	<b>IS03</b>	Date Range of Report (based on "Date Filled") #YYYYMMDD#-#YYYYMMDD#	R
<b>PHA: Pharmacy Header (required)</b>			
	<b>PHA03</b>	ZZ1234567	R
<b>PAT: Patient Information (required)</b>			
	<b>PAT07</b>	REPORT	R
	<b>PAT08</b>	ZERO	R
<b>DSP: Dispensing Record (required)</b>			
	<b>DSP05</b>	20250101	R
<b>PRE: Prescriber Information (required; can be null as follows: PRE*****\)</b>			
<b>CDI: Compound Drug Ingredient Detail</b>			
<b>AIR: Additional Information Reporting</b>			
<b>TP: Pharmacy Trailer (required)</b>			
	<b>TP01</b>	7	R
<b>TT: Transaction Trailer (required)</b>			
	<b>TT01</b>	123456	R
	<b>TT02</b>	10	R

## Sample Zero Report

The following example illustrates a zero report using the above values.

```
TH*4.2B*I23456*01**20250108*223000*P**\
IS*7705555555*PHARMACY NAME*#20250101#-#20250107#\
PHA*** ZZI234567\
PAT*****REPORT*ZERO*****\
DSP*****20250108*****\
PRE*\
CDI*\
AIR*\
TP*7\
TT*I23456*I0\
```

---

## Appendix C: Exemptions to Reporting

The Louisiana Board of Pharmacy may issue an exemption from the reporting requirement to a pharmacy whose practice activities are inconsistent with the intent of the program. The Board will only consider requests from pharmacies who do not dispense controlled substances or drugs of concern. Pharmacies who wish to request an exemption must submit a detailed request to the Board office that must include, but is not limited, to the following:

- Louisiana pharmacy permit number, name, and address
- DEA registration number (if applicable)
- Scope of practice
- Detailed explanation as to the reasons for requesting an exemption
- Statement confirming that the pharmacy does not nor plan on dispensing any federal and PMP-specific controlled substances or drugs of concern to Louisiana residents
- For a Hospital Pharmacy permit – statement confirming that the pharmacy is strictly in-patient and does not dispense any out-patient prescriptions

A pharmacy requesting a PMP reporting exemption can download the PMP Exemption Request Form from the Board's website at <http://pharmacy.la.gov/> or request a copy of the form by email to [pmp@pharmacy.la.gov](mailto:pmp@pharmacy.la.gov). The completed PMP Exemption Request Form can be submitted to the Board office by mail or email.

Send all requests for exemption to:

Louisiana Board of Pharmacy  
Prescription Monitoring Program  
3388 Brentwood Drive  
Baton Rouge, LA 70809-1700

**Email:** [pmp@pharmacy.la.gov](mailto:pmp@pharmacy.la.gov)

**Phone:** 225-925-6496, Opt. 4

## Appendix D: SFTP Configuration

This appendix describes the SFTP configurations required to upload your data to PMP Clearinghouse.

**Note:** Submitting data via SFTP requires that you have an existing PMP Clearinghouse account with SFTP access.

- If you need to create a PMP Clearinghouse account, please refer to [Creating Your Account](#). You will be able to set up your SFTP account during the account creation process.
- If you have an existing PMP Clearinghouse account but do not have SFTP access, please refer to [Adding SFTP Access to an Upload Account](#).

### SFTP Connection Details

**Hostname:** <http://submissions.healthcarecoordination.net/>

Bamboo Health recommends that you use the hostname when configuring the connection rather than the IP address, as the IP address is subject to change.

**Port: 22**

**Note:** The port will always be 22.

- **Credentials:** Your SFTP account credentials (username and password) can be found within the PMP Clearinghouse website. To locate your credentials, [log in to PMP Clearinghouse](#), then click **Account > SFTP Details > Edit**.

Your username cannot be modified; however, you can update your password.

**Note:** Your current SFTP password cannot be seen or recovered. If you have forgotten or lost it, you will need to create a new one. For more information on changing the SFTP password, please refer to [Adding SFTP Access to an Upload Account](#).

**Once you have established SFTP access, you can test the SFTP connection, but you will not be able to submit data to a PMP until your account has been approved by the State PMP administrator.**

### PMP Subfolders

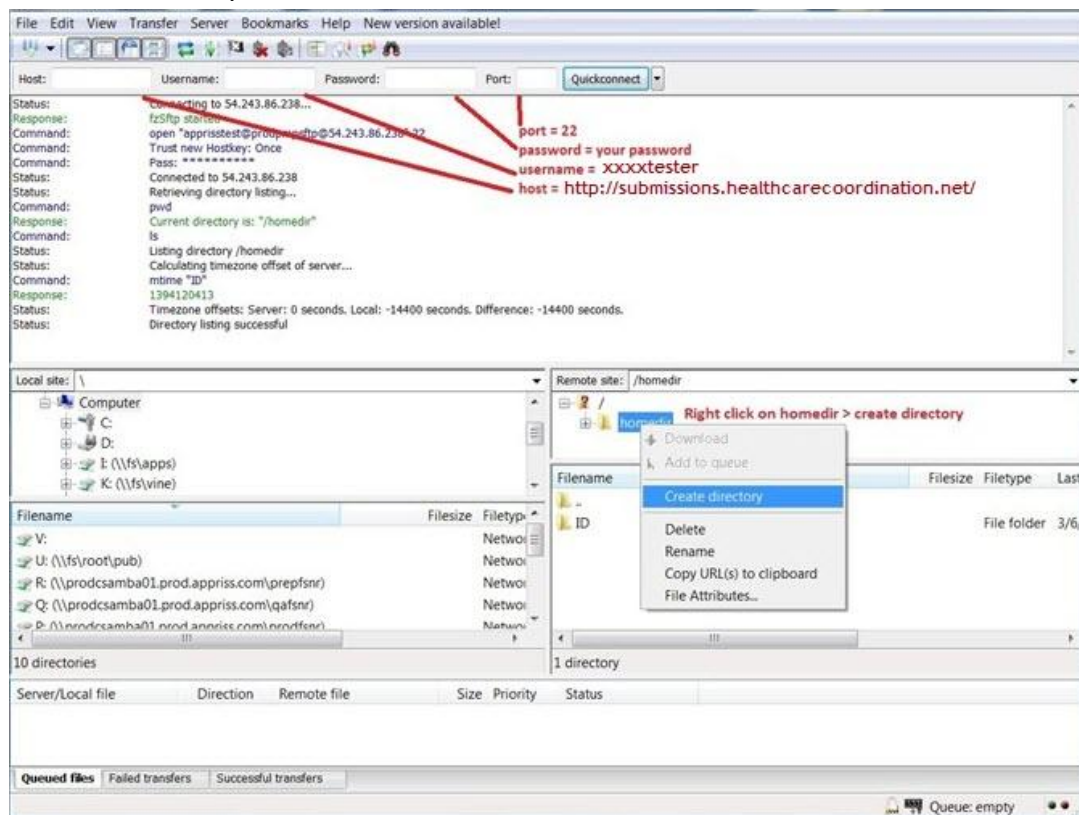
PMP Clearinghouse is the data repository for numerous PMPs. As such, data submitted via SFTP must be placed in the appropriate folder for the PMP for which you are submitting data so that it can be properly imported to that PMP. The creation of subfolders must be done outside of the PMP Clearinghouse website using third-party software, such as an SSH client or a command line utility. Files placed in the root/home directory of the SFTP server will not be imported, as this will cause the dispensing entity to appear as noncompliant/delinquent.

Your pharmacy software will need to be configured to place files in the appropriate PMP folder when submitting. You may need to contact your software vendor for additional assistance with this process.

**NOTE:** Capitalization of the abbreviated PMP folders' names has no bearing on whether or not Clearinghouse processes the files; however, some pharmacy systems, especially \*nix-based systems, will require that the exact case is used when specifying the target folder.

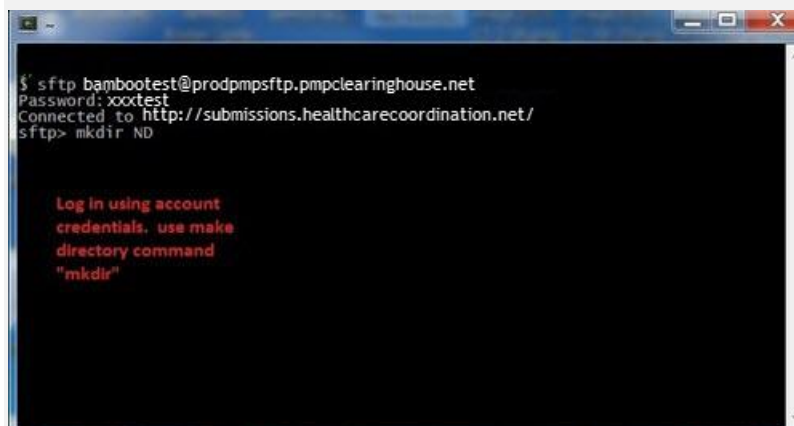
There are two methods by which to create PMP subfolders for SFTP submissions:

- I. **Via SSH client** (e.g., WinSCP, FileZilla, etc.)
  - a. Log in to your SFTP account.
  - b. Create the required directories under */homedir*.



2. **Via command prompt**
  - c. Log in to your SFTP account using command prompt.
  - d. Type “`mkdir`” followed by a space and then the PMP abbreviation you are using (e.g., `mkdir LA`).

**NOTE:** The PMP folder must be titled with the two-letter abbreviation as specified above.

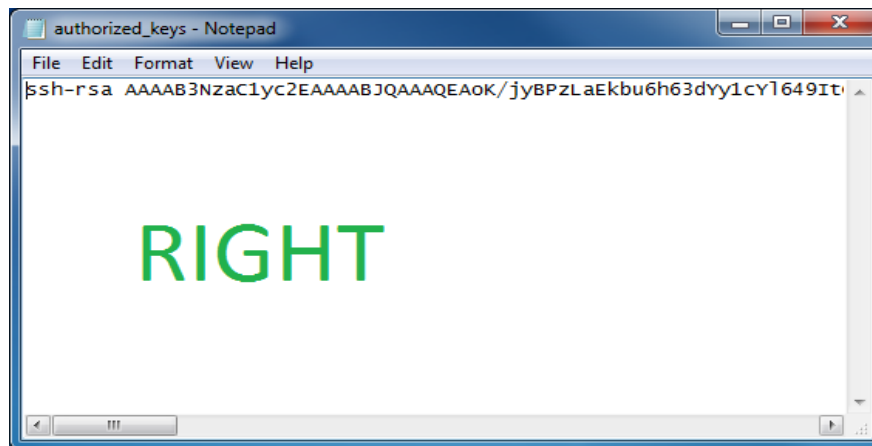


## Public (SSH/RSA) Key Authentication

PMP Clearinghouse supports SSH key authentication. The generation of the key is outside the scope of this document; however, general guidelines about the key, along with how to import/load it, are provided below.

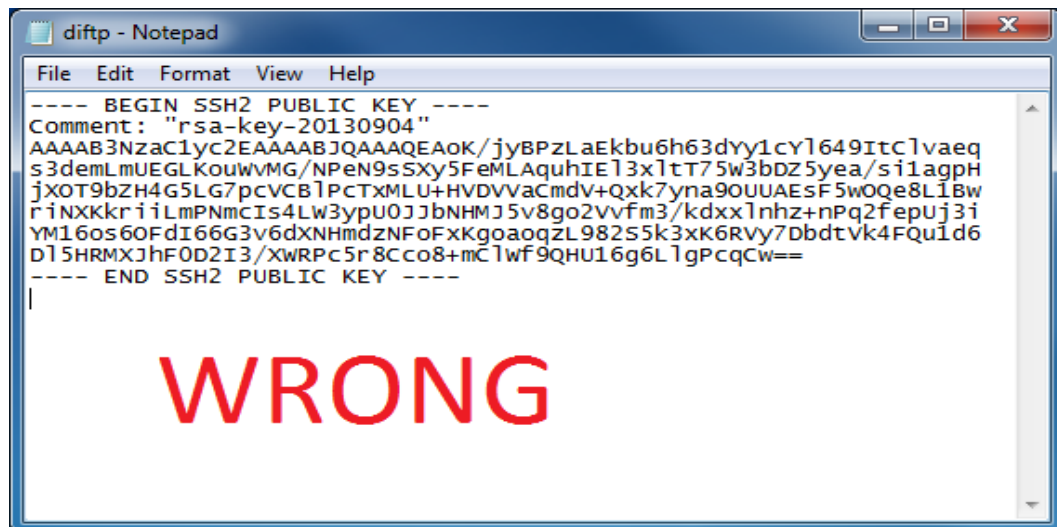
**Note:** *PGP Encryption is not supported.*

- **Supported Key Types:**
  - SSH-2 RSA 2048 bit length
- **Unsupported Key Types:**
  - SSH-1 RSA
  - SSH-2 DSA
- **Correct Public Key Format:** If opened in a text editor, the key should look like the screenshot below.



```
ssh-rsa AAAAB3NzaC1yc2EAAAABJQAAAQEAoK/jyBPzLaEkbu6h63dyy1cy1649It
```

- **Incorrect Public Key Format:** If opened in a text editor, the key SHOULD NOT look like the screenshot below.



```
---- BEGIN SSH2 PUBLIC KEY ----
Comment: "rsa-key-20130904"
AAAAB3NzaC1yc2EAAAABJQAAAQEAoK/jyBPzLaEkbu6h63dyy1cy1649ItClvaeq
s3demLMUEGLKouwvMG/NPeN9sSxy5FeMLAquhIE13x1tT75w3bDZ5yea/si1agph
jXOT9bZH4G5LG7pcVCB1PCTxMLU+HVDVvaCmDv+Qxk7yna90UUAEsF5woqe8L1Bw
r iNXKkr i iLmPNmCIs4LW3ypU0JjbnHMJ5v8go2vVfm3/kdxx1nhz+nPq2fepUj3i
YM16os60FdI66G3v6dXNHmdzNFofXKgoaoqzL982S5k3xK6RVy7DbdtV4FQu1d6
D15HRMXJhF0D2I3/xWRPc5r8Cco8+mClwf9QHU16g6L1gPcqcw==
---- END SSH2 PUBLIC KEY ----
```

Once the key has been generated, it should be named “**authorized\_keys**”.

**Notes:**

- There is no file extension.
- There is an underscore between the words **authorized** and **keys**.

A `.ssh` subfolder needs to be created in the SFTP account's home directory. The "**authorized\_keys**" file must be placed in the `.ssh` folder. The creation of this folder follows the same process as creating a PMP subfolder. Please refer to [PMP Subfolders](#) for steps on creating subfolders.

---

## APPENDIX E: Data Entry Guidance

This appendix is included to address those fields that have been found to require extra guidance for proper data entry.

**Note:** The names used for data fields throughout the guide may differ from the labels assigned by software providers programming pharmacy systems.

The comprehensive list of specific data elements that pharmacies are required to collect and submit to the LA PMP is provided in [Appendix A](#) of this document.

Pharmacies are advised to consult with their software providers regarding the corresponding placement within their software's data entry screens.

### PRE02: Prescriber DEA

The pharmacy is required to submit the prescriber's personal DEA number in PRE02, if the prescriber has a DEA number. For prescribers of drugs of concern who do not have a DEA number, please leave the DEA number in PRE02 blank. For further guidance on how to report these prescriptions, please see the Reporting Drugs of Concern Prescriptions section of this document. For prescriptions in which the prescriber uses a hospital's DEA registration number, in conformance with [21 CFR 1301.22\(c\)](#), the hospital's DEA registration number with the prescriber's hospital assigned suffix and the prescriber's name must be reported to the PMP.

### Guidance on Metric Quantity Reporting

Accurate reporting of metric quantities is essential for providers who review patient records and Louisiana PMP staff who perform data analyses. To aid in accurate and consistent reporting of metric quantities, the following guidance has been provided:

- Use "each" when referring to the following dosage forms: capsule, diaphragm, disc, patch, plaster, suppository, suture, tablet, troche, and wafer.
- Use "mL" when referring to the following dosage forms: aerosol liquids (note: some formulations are powders; use "gm"), elixirs, emulsions, extracts, mouthwash, oils, shampoos, liquid soaps, solutions, sprays, suspensions, syrups, and tinctures.
  - Example: For 1 package of 10 morphine sulfate syringes, each syringe containing 2 mL of 10 mg/mL morphine, the total volume dispensed is 20 mL, and the metric quantity reported will be "20."
- Use "gm" when referring to the following dosage forms: aerosol powders (note: some formulations are liquids; use "mL"), creams, crystals, gels, jellies, granules, ointments, and powders. For example, if you are reporting a dispensation of a 1,000 mg of a medication, you will need to adjust the reporting quantity to 0.1 as the data field is formatted in grams, not milligrams.

## Reporting Compounded Prescriptions

Enter code “06” in DSP07. In the DSP08 field, where the National Drug Code (NDC) number is normally entered for the prescription, the pharmacy will either enter (a) the number “9” eleven times (i.e., “99999999999”), or (b) an in-house assigned eleven-character compound code, provided the first five characters are the number nine (e.g., “99999222222”). When “99999” or “99999999999” is entered in the DSP08 data field, then the CDI (Compound Drug Ingredient Detail) data fields are now required data fields. The specific NDC number(s) of the eligible prescription ingredient(s), the metric quantity, and the unit of measure (gm, mL, or each) must also be submitted to the Louisiana PMP.

For example, if the prescription being reported to the PMP has two eligible prescription ingredients to report. The data for ingredient 1 would be entered in the data fields CDI01 and again for ingredient 2.

- Ingredient 1:  
 CDI01 = 1  
 CDI02 = 01 NDC  
 CDI03 = full valid NDC of Ingredient 1  
 CDI04 = 20.0  
 CDI05 = 03 Grams (gm)
- Ingredient 2:  
 CDI01 = 2  
 CDI02 = 01 NDC  
 CDI03 = full valid NDC of Ingredient 2  
 CDI04 = 60.0  
 CDI05 = 02 Milliliters (ml)

**Note:** When entering a product with a quantity usually listed in milligrams (mg), the quantity must be adjusted to grams (g). For example, if you are reporting a dispensation of a 1,000 mg of a medication, you will need to adjust the reporting quantity to 0.1 as the data field is listed in grams, not milligrams.

Pharmacies are advised to consult with their software providers for guidance on how to enter this data through the provider’s data entry screens.

## Patient Report

Compound drugs are listed in a single line item in the **Patient Report Prescriptions** table with compound ingredients grouped or associated by their Rx Number. The multiple ingredients listing is the only indicator on the **Patient Report** that the drug was part of the compound.

Prescriptions															
Total: 1   Private Pay: 0															
Showing 1-1 of 1 Items											View	15 Items	<	1 of 1	>
Filed	Written	ID	Drug	QTY	Days	Prescriber	RX #	Dispenser	Refill	Daily Dose*	Pymt Type	PMP			
02/12/2022	02/12/2022	1	Testosterone Micronized Powder	0.23	90	Pr Man	5635678	K m (1258)	0/0		Comm Ins	DO			
02/12/2022	02/12/2022	1	Lactose Monohydrate Powder	7.41	90	Pr Man	5635678	K m (1258)	0/0		Comm Ins	DO			
02/12/2022	02/12/2022	1	Sucrose Crystals	3.18	90	Pr Man	5635678	K m (1258)	0/0		Comm Ins	DO			

Disclaimer

Showing 1-1 of 1 Items View 15 Items < 1 of 1 >

### Example of the dispensation record to create prescription pictured above.

```
DSP|00|5635678|20220212|0|20220212|00|06|9999999999|90|90|0|0|0|00|||04|||\\
PRE||BB555551|||DOCTOR|GOOD||\
CDI|01|01|38779016305|0.225|03\
CDI|02|01|38779031508|7.41|03\
CDI|03|01|51552050205|3.18|03\
```

## Reporting Drugs of Concern Prescriptions

Louisiana drugs of concern are any material, compound, mixture, or preparation containing any quantity of the following substances: gabapentin, butalbital, and promethazine in oral liquid formulations. Pharmacies are required to submit drugs of concern prescriptions to Louisiana PMP. Drugs of concern prescriptions may be obtained from prescribers who do not currently have a DEA registration or a NPI (veterinarians). See [Reporting Veterinary Prescriptions](#) for guidance on the proper reporting of veterinary prescriptions. Please refer to the scenarios below for guidance on the reporting of Louisiana drugs of concern.

- Scenario 1:** Prescriber does not prescribe Schedule II–V controlled substances but does prescribe promethazine in oral liquid formulation. Prescriber does not have a DEA number.
  - Guideline:** Leave the prescriber DEA number field (PRE02) blank and input the prescriber NPI number in the appropriate data submission field (PRE01).
- Scenario 2:** Prescriber is a veterinarian who does not prescribe drugs in Schedules II–V but does prescribe gabapentin. Because CMS will not issue an NPI to a veterinarian, the prescriber (veterinarian) does not have an NPI.
  - Guideline:** Leave the prescriber DEA number field (PRE02) and the NPI field (PRE01) blank and input the State License Number of the prescriber (veterinarian) in the Prescriber State License Number field (PRE04). Insert “02” in the species code field (PAT20).

## Reporting Veterinary Prescriptions

The dispensing of a veterinary prescription and the subsequent reporting to the Louisiana PMP requires the animal owner’s information (last name, first name, DOB, and gender), animal name with species (e.g. Brutus Canine), and species code.

Pharmacy Management Systems differ on how that information should be entered by the pharmacist for prescription processing and subsequent PMP reporting. It is strongly recommended that you contact your system vendor for guidance.

The ASAP reporting fields required to properly report veterinary prescriptions to the Louisiana PMP are populated as follows:

Element ID	Element Name	For Veterinary Prescription
PAT07	Last Name – Patient’s last name	Use the Owner’s Last Name
PAT08	First Name – Patient’s first name	Use the Owner’s First Name
PAT18	Date of Birth – Date patient was born	Use the Owner’s Date of Birth
PAT19	Gender Code – Code indicating the sex of the patient	Use the Owner’s Gender
PAT20	Species Code – Used to differentiate a prescription for a human from one prescribed for an animal. <ul style="list-style-type: none"> <li>01 Human</li> <li>02 Veterinary Patient</li> </ul>	Select “Veterinary Patient” (Do not select “Human”)
PAT23	Name of Animal – Used for veterinary prescriptions	e.g. Brutus Canine, Kitty Feline, Dakota Equine

Reporting as indicated above will list the pet’s prescriptions under their owner’s PMP Patient Report. An animal icon embedded beside the pet’s prescription transactions will distinguish it from the owner’s personal prescriptions.

**Note:** A pet’s dispensations will not factor into the owner’s NarxCare analytics (i.e., Narx Scores, ORS, etc.).

(See screenshot below)

Prescriptions								
Fill Date	ID	Written	Drug		Qty	Days	Prescriber	F
04/17/2019	1	04/16/2019	Fentanyl 12 Mcg/hr Patch		120	30	De Ent	3
04/12/2019	1	04/10/2019	Fentanyl 12 Mcg/hr Patch		120	30	De Ent	3

A (Active) - Indicates whether a prescription is active (A) based on the date filled and the days supply provided