

## **2025 ILPMP Submitter Guide Updates (RxSubmit)**

Throughout the document, pictures have been updated to reflect the view of the RxSubmit portal. These pictures are subject to change with updates to RxSubmit. If anything is conflicting, reach out to [ilpmp@logicoy.com](mailto:ilpmp@logicoy.com) and/or [DHS.PMP@illinois.gov](mailto:DHS.PMP@illinois.gov).

### **REPORTING THE DATA**

Logicoy, the awarded data collection vendor, will continue to manage technical aspects of data collection.

All pharmacies and dispensing practitioners shall report dispensed medications **no later than the end of the business day**. This includes Controlled Substance II – V, Drugs of Interest, and Zero Reports.

### **DRUGS OF INTEREST**

Transitioning to a more generalized approach by categorizing drugs of interest by class. This change allows for the automatic inclusion of new drugs approved by the Food and Drug Administration (FDA) within those classes. Pharmacies and dispensing physicians will be responsible for maintaining an up-to-date list of drugs within the specified classes to ensure accurate reporting.

- All Butalbital combination products
- Gabapentin
- Muscle Relaxants
- Opioid Antagonists

### **ERROR CORRECTIONS**

- a) If a prescriber notices an error in their prescription information, they shall report it to the dispensing pharmacy within 7 days after discovery of the error.
- b) A dispenser who notices an error in a prescription they have dispensed and transmitted shall retract the incorrect prescription and retransmit the prescription correctly within 7 days after discovery of the error.

#### **SECTION 2080.220 ERROR REPORTING**

### **ASAP 5.0 UPDATES**

Starting July 1<sup>st</sup>, 2025, submitters can start the process of transitioning to ASAP 5.0 reporting.

The deadline for submitters to transition to the new reporting format is December 16<sup>th</sup>, 2025.

Do **not** send in ASAP 5.0 format until your files are cleared by LogiCoy. You **must** submit a test file.

The transition from ASAP 4.2A to ASAP 5.0 is a significant change that includes 44 new fields, because of this it is considered a new version rather than an update.

- Reporting Expectation:
  - **REQUIRED**– must be sent with file submission
  - **SITUATIONAL** – must be submitted if it is linked to a different required field
  - **OPTIONAL** – may be used, and is recommended, but is not required for submitting
  - **Not Required** – ILPMP does not collect this information
- Data Types:
  - **AN** – Alphanumeric

- N – Numeric
- **DT** – Date
- **D** – Decimal
- **TM** – Time
- Error vs. Warning
  - **Error** – prescription will not process or be viewable on the ILPMP database, needs to be corrected within 7 days of notification.
  - **Warning** – prescription will process but is not in compliance with ILPMP ASAP 5.0 reporting guidelines for submission, need to be corrected within 7-days of notification.

Below is a list of changed fields from ASAP 4.2A to ASAP 5.0.

## **FIELDS CURRENTLY IN-USE: Changed to Reporting or New Code Options**

### **REQUIRED**

Will create Warning

- PAT 19 Gender Code (REQUIRED) & (New Code Options)

### **OPTIONAL**

- PAT 09 Middle Name (~~Not Used~~) (OPTIONAL)
- PAT 11 Last Name Suffix (e.g. Jr.) (~~Not Used~~) (OPTIONAL)
- PAT 13 Address Line 2 (~~Used by ILPMP when available~~) (OPTIONAL)
- PAT 20 Species Code (~~Used by ILPMP when available~~) (OPTIONAL)
- DSP 12 Transmission Form of Rx Origin Code (~~Used by ILPMP when available~~) (OPTIONAL) & (New Code Options)
- DSP 24 Opioid Treatment Type (~~Used by ILPMP when available~~) (OPTIONAL) & (New Code Options)
- DSP 25 Diagnosis Code (~~Used by ILPMP when available~~) (OPTIONAL)

### **SITUATIONAL**

- PHA 01 National Provider ID (NPI) (~~Not Used~~) (SITUATIONAL)
- PAT 01 ID Qualifier of Issuing Jurisdiction (~~Not Used~~) (SITUATIONAL)
- PAT 05 Additional Patient ID (~~Used by ILPMP~~) (SITUATIONAL w/ LTC pharmacy)
- PAT 21 Patient Location Code (SITUATIONAL) & (New Code Options)
- PRE 02 Prescriber DEA (~~Used by ILPMP when available~~) (SITUATIONAL)
- PRE 03 Prescriber DEA Suffix (~~Used by ILPMP when available~~) (SITUATIONAL)
- CDI 01 Compounded Ingredient Sequence Number (~~Required~~) (SITUATIONAL)
- CDI 02 Product ID Qualifier (~~Required~~) (SITUATIONAL)
- CDI 03 Compound Ingredient Product ID (~~Required~~) (SITUATIONAL)
- CDI 04 Compound Ingredient Product Qty (~~Required~~) (SITUATIONAL)

## **FIELDS CURRENTLY IN USE: Name Changes**

- PAT 15 ~~State (2-digit code)~~ Jurisdiction/State Address (REQUIRED)
- DSP 24 ~~Treatment Type~~ Opioid Treatment Type (OPTIONAL)

## **NEW FIELDS AS OF 12/16/2025**

### **REQUIRED**

Will create Warning

- PHA 14 Pharmacy/Dispenser Type (REQUIRED)

- PHA 15 Mail Order Pharmacy (REQUIRED)

### **OPTIONAL**

- IS 04 Pharmacy Dispensing Software Vendor (OPTIONAL)
- IS 05 Phone Number of Vendor (OPTIONAL)
- PHA 13 Pharmacy's Permit Number/License Number (OPTIONAL)
- PAT 17 Patient Telephone Number (OPTIONAL)
- PAT 23 Name of Animal (OPTIONAL)
- PAT 26 Patient Race Category (OPTIONAL)
- PAT 27 Patient Ethnicity (OPTIONAL)
- PAT 28 Veterinary Species Code (OPTIONAL)
- DSP 31 Discount Card (OPTIONAL)
- DSP 32 Classification Code for Additional Payment Type (OPTIONAL)
- DSP 35 Last Name or Initials of Pharmacist Filling the Prescription (OPTIONAL)
- DSP 36 First Name of Pharmacist Filling the Prescription (OPTIONAL)
- PRE 11 Prescriber Address Information – 1 (OPTIONAL)
- PRE 12 Prescriber Address Information – 2 (OPTIONAL)
- PRE 13 Prescriber City Address (OPTIONAL)
- PRE 14 Prescriber State Address (OPTIONAL)
- PRE 15 Prescriber Zip Code (OPTIONAL)

### **SITUATIONAL**

- PRE 10 Jurisdiction or State Issuing Prescriber License Number (SITUATIONAL)



# Illinois Data Submitter's Guide

RxSubmit



May 2025

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# 1 Document Overview

## 1.1 Purpose and Contents

The Illinois Data Submitter's Guide serves as a step-by-step manual for data submitters registered with RxSubmit. This document has information on how to use the application and the tasks a data submitter can perform. This includes topics not limited to:

- Submitted Dispensations
- Data Uploading Methods:
  - o Configuring an sFTP account
  - o Using the RxSubmit web portal to upload a file
  - o Using the UCF (Universal Claims Form) or Manual Entry Form
  - o Submitting Zero Reports
- File Upload History
- Organization Management
- Export Reports
- Error and Warning Correction

## 1.2 Reporting Requirements

The Illinois Prescription Monitoring Program (ILPMP) is an electronic tool that collects information on controlled substance prescriptions (II-V) and selected drugs of interest.

This data is reported **by the end of the business day on which it was dispensed** by pharmacies and dispensing practitioners in the State of Illinois and by any other data submitters that dispense medications to a resident of Illinois.

### Drugs of interest:

- All Butalbital combination products
- Gabapentin
- Muscle Relaxants
- Opioid Antagonists

**Zero Reports** are required by pharmacies and dispensing practitioners by the end of the business day when no Scheduled II-V or selected drugs of interest have been dispensed.

**Exemption requests** should be submitted to the ILPMP annually using RxSubmit to attest no Scheduled II-V or selected drugs of interest will be dispensed. If a pharmacy or dispensing practitioner begins to dispense Scheduled II-V or drugs of interest the exemption is invalid, and the pharmacy should comply with submission guidelines.

The ILPMP is authorized by the Illinois Controlled Substance Act (720 ILCS 570/316) and strictly adheres to HIPAA and all access, disclosure, and confidentiality provisioned of Illinois and Federal Law.

[Illinois Statute \(720 ILCS 570\)](#) sections 311.6, 313, 316 to 320 for ILPMP related statutory requirements, subject to change.

Joint Committee on Administrative Rules: [Part 2080 Electronic Prescription Monitoring Program](#) & [Part 2081 Electronic Prescription Monitoring Program – Long Term Care](#)

## 2 Accessing RxSubmit

### 2.1 Synopsis

This section provides guidance on how to register as a data submitter through RxSubmit.

**Note:** New submitter with no previous submitter; create a new account.

New submitter with a previous submitter; create a new account and link account with previous submitter to see historical data.

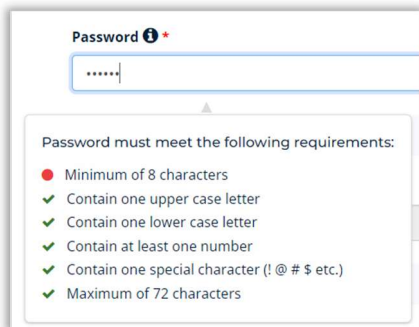
See Organization Management section to understand how to link and unlink accounts.


### 2.2 Registering a Data Submitter

- Open an internet browser and go to: <https://rxsubmit-il.logicoy.com>
- Click “Illinois RxSubmit Registration”

- Complete the required information with the asterisk (\*)

- Create a password which meets all specified requirements



Password  \*

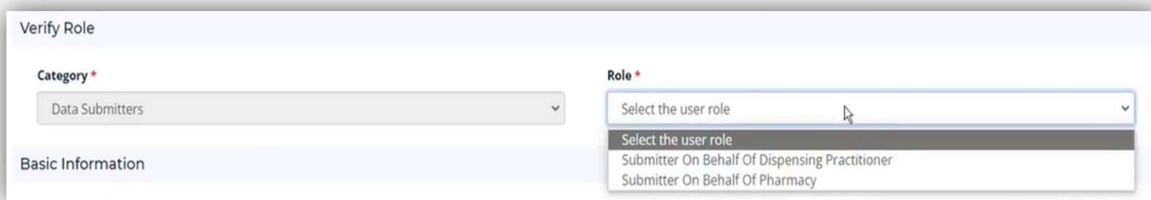
.....

Password must meet the following requirements:

- Minimum of 8 characters
- ✓ Contain one upper case letter
- ✓ Contain one lower case letter
- ✓ Contain at least one number
- ✓ Contain one special character (! @ # \$ etc.)
- ✓ Maximum of 72 characters

**Disclaimer:** The Illinois RxSubmit Password must be changed every six months.

- Select the user's "Role"
  - Submitter on behalf of Dispensing Practitioner (may be the practitioner or a delegate)
  - Submitter on behalf of a Pharmacy (may be a pharmacist or a technician)



Verify Role

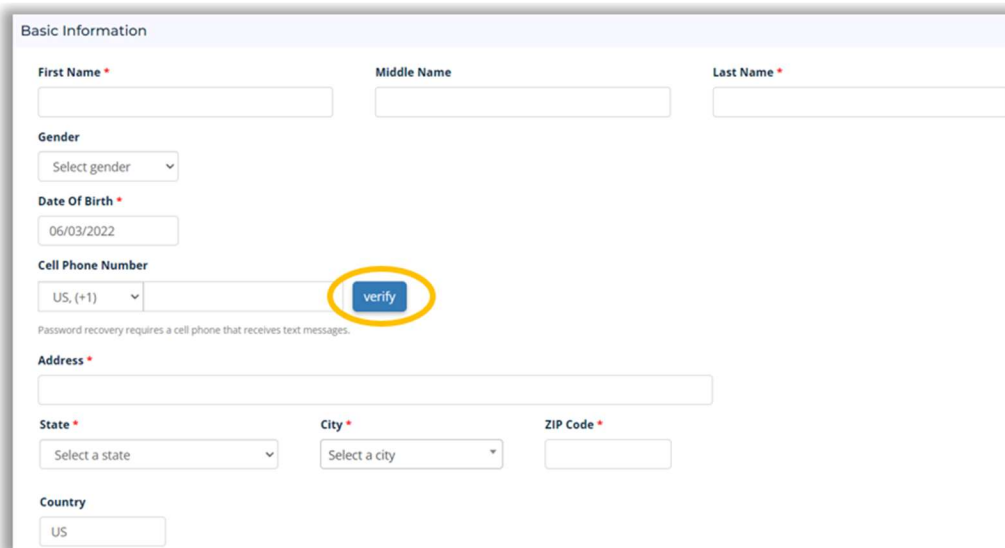
Category \*  
Data Submitters

Role \*  
Select the user role  
Select the user role  
Submitter On Behalf Of Dispensing Practitioner  
Submitter On Behalf Of Pharmacy

Basic Information

- Complete the required Basic Information with the asterisk (\*)
  - Choose whether to provide a cell phone number

**Note:** Add and verify your cell phone number to help retrieve your password if it is forgotten later.




Basic Information

First Name \* Middle Name Last Name \*

Gender  
Select gender

Date Of Birth \*  
06/03/2022

Cell Phone Number  
US, (+1) 

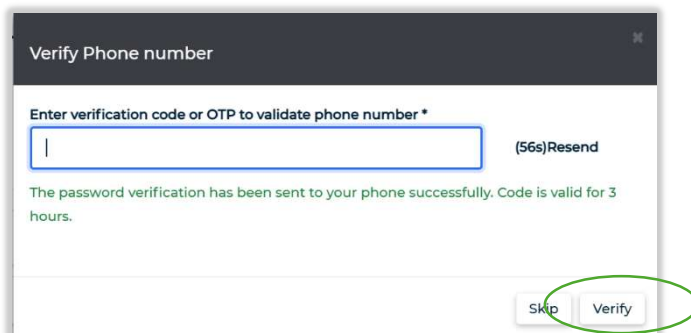
Password recovery requires a cell phone that receives text messages.

Address \*

State \* City \* ZIP Code \*

Country  
US

- User receives the verification code to the cell phone number provided
- Enter the verification code received to the cell phone number and click “Verify”



Verify Phone number

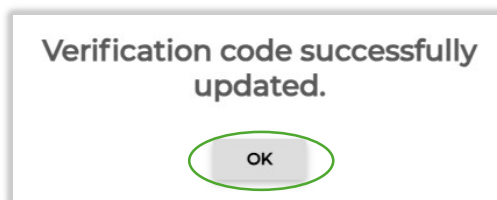
Enter verification code or OTP to validate phone number \*

(56s)Resend

The password verification has been sent to your phone successfully. Code is valid for 3 hours.

Skip Verify

- If the verification code is successful, the user receives a success message
- Click “OK”

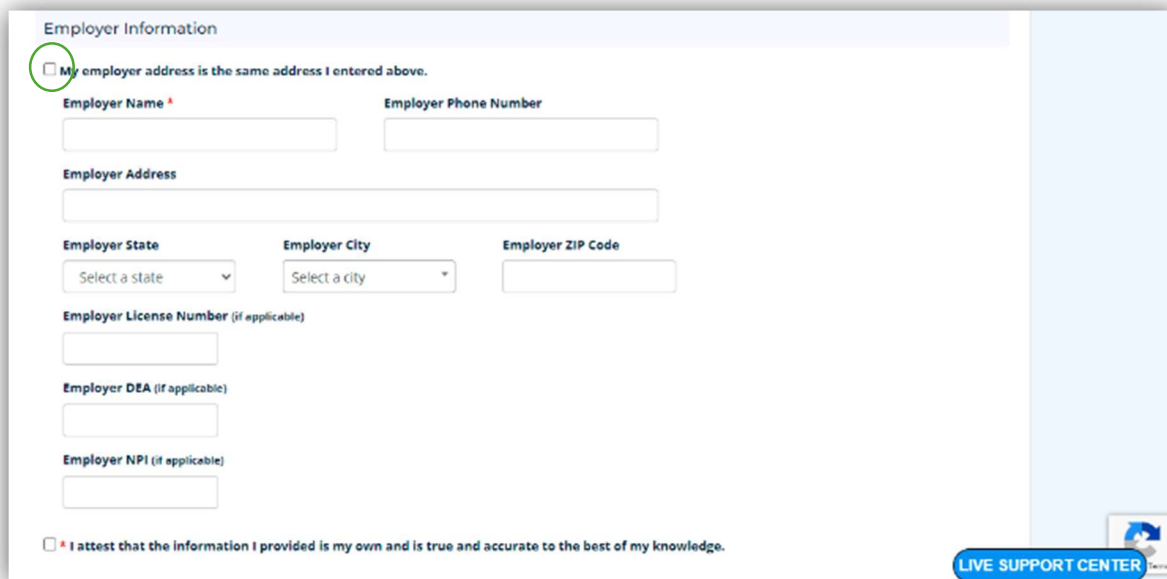


Verification code successfully updated.

OK

**Note:** If the verification code was not successful, please contact the LogiCoy support team by emailing at [ilpmp@logicoy.com](mailto:ilpmp@logicoy.com).

- Complete the required information with the asterisk (\*)
  - Select the check box if the employer address is the same as entered above in Basic Information



Employer Information

☐ My employer address is the same address I entered above.

Employer Name \* Employer Phone Number

Employer Address

Employer State Employer City Employer ZIP Code

Employer License Number (if applicable)

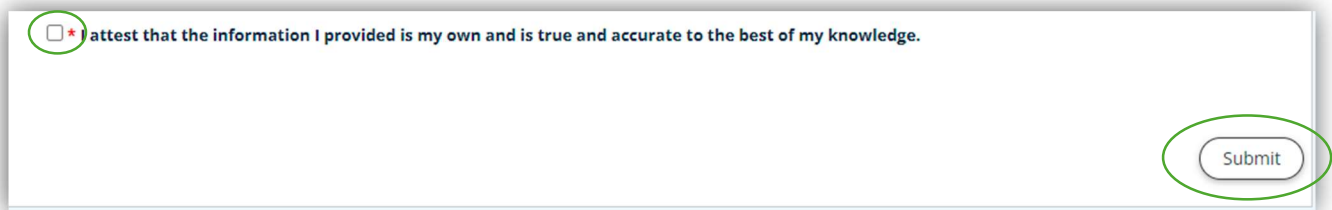
Employer DEA (if applicable)

Employer NPI (if applicable)

☐ I attest that the information I provided is my own and is true and accurate to the best of my knowledge.

LIVE SUPPORT CENTER

- Check the attestation, if applicable, and click “Submit”



☐ \* attest that the information I provided is my own and is true and accurate to the best of my knowledge.

Submit

- Status of registration shown and click “Ok”

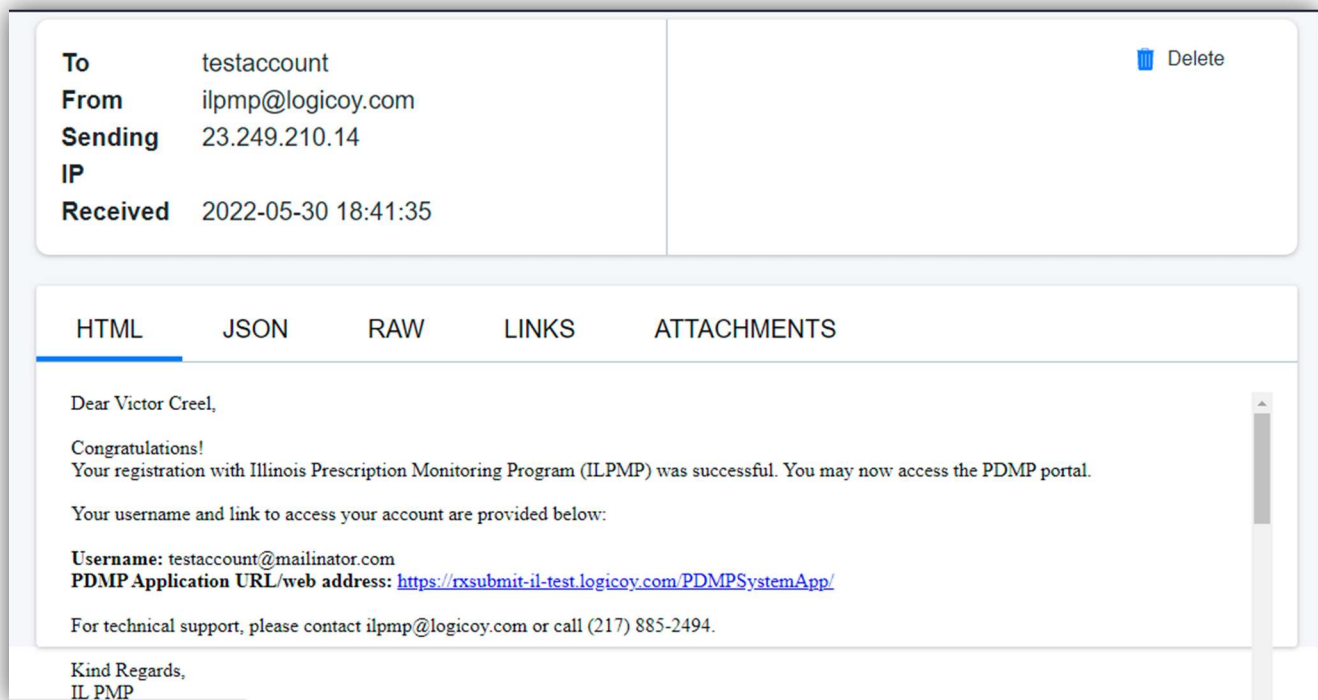


Illinois RxSubmit Registration

Your registration is successful and you are approved to access Illinois RxSubmit application.

Ok

- The email provided will receive an email with the registration status from RxSubmit



To: testaccount  
From: ilpmp@logicoy.com  
Sending: 23.249.210.14  
IP  
Received: 2022-05-30 18:41:35

Delete

HTML JSON RAW LINKS ATTACHMENTS

Dear Victor Creel,

Congratulations!  
Your registration with Illinois Prescription Monitoring Program (ILPMP) was successful. You may now access the PDMP portal.

Your username and link to access your account are provided below:

Username: testaccount@mailinator.com  
PDMP Application URL/web address: <https://rxsubmit-il-test.logicoy.com/PDMPSystemApp/>

For technical support, please contact ilpmp@logicoy.com or call (217) 885-2494.

Kind Regards,  
IL PMP

## 2.3 Accessing RxSubmit: Additional Resources

- **What is a data submitter?**
  - A data submitter is a user who collects the prescription data and uploads or submits prescriptions on behalf of either a dispensing practitioner or a pharmacy.
- **Why is it important to ensure all information is correctly filled out in the Employer Information Section?**
  - The Employer Information section allows data submitters to identify which pharmacy or dispensing practitioner they are submitting data on behalf of. This can also be used to identify other users with the same employer for linkage in RxSubmit.
- **What is a Dispensing Practitioner?**
  - Reference [Rule 2080.100 Dispenser Responsibility](#)
- **What if I am a new submitter for a pharmacy or dispensing practitioner?**
  - Create an RxSubmit account.
- **What if I take over the submitter role for a pharmacy or dispensing practitioner?**
  - Create an RxSubmit account, if you do not have one.
  - If able, have the previous submitter add the new submitter to the organization to view historical files to make edits and correct errors. This is under Section 11 Organization Management.
  - If the pharmacy or dispensing practitioner was previously submitting through sFTP account, contact your pharmacy management system to have them update the submitter profile or LogiCoy by emailing [ilpmp@logicoy.com](mailto:ilpmp@logicoy.com).
  - If you are unaware if the pharmacy was submitting through sFTP account, reach out to LogiCoy by emailing [ilpmp@logicoy.com](mailto:ilpmp@logicoy.com) to verify previous submissions.
- **What if I have multiple pharmacies or dispensing practitioners to submit for?**
  - Create an RxSubmit account or update existing to pharmacy DEA or dispensing practitioner DEA.
  - Submit the prescriptions for all DEAs you are submitting for, and the system will sort and file appropriately.

## 3 Logging into RxSubmit

### 3.1 Synopsis

This section provides guidance on logging into RxSubmit.

### 3.2 Logging into RxSubmit with New Credentials

- Open an internet browser and navigate to: <https://rxsubmit-il.logicoy.com>
- Enter username and password
- Click “Login”

- First-time users are prompted to agree to the Terms of Service of the RxSubmit
  - o Click “**I Agree**” to continue
  - o Click “**I do not agree...**” to terminate your session as a submitter

**Note:** The Terms of Service for use can be found at the bottom of the screen.

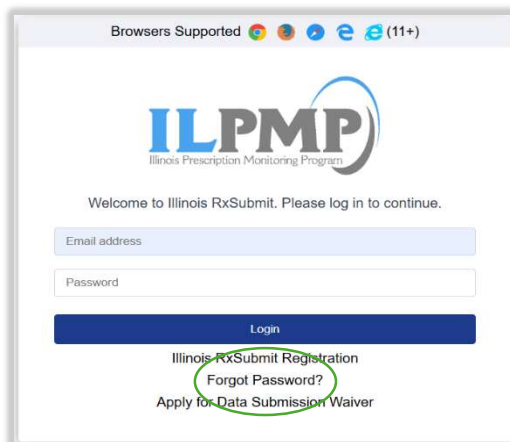
- First-time users are shown a welcome message encouraging them to locate training materials or go to the home page of the RxSubmit
  - o Click “**Yes**” to locate training resources
  - o Click “**No**” to go to the home page

## 4 Forgot Password

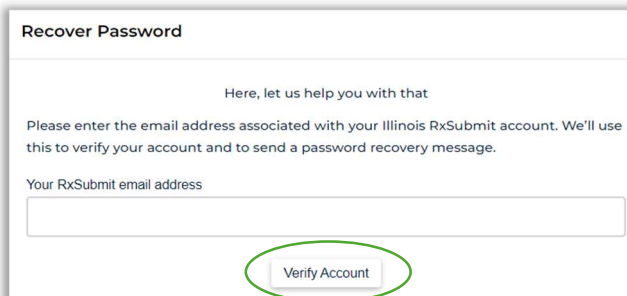
**Note:** Please note that after five (5) unsuccessful login attempts, the user account is locked. The user must contact Illinois RxSubmit Support to unlock the account, they can be reached by e-mail at [ilpmp@logicoy.com](mailto:ilpmp@logicoy.com).

### 4.1 Email preferred password reset

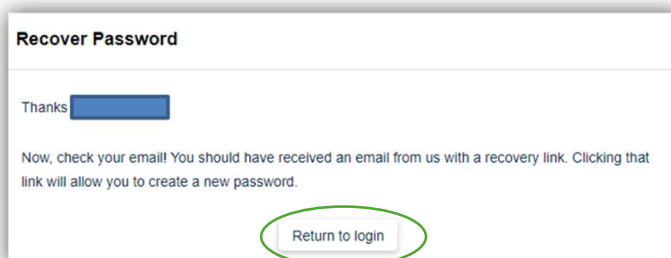
- Click **“Forgot Password”** to reset password



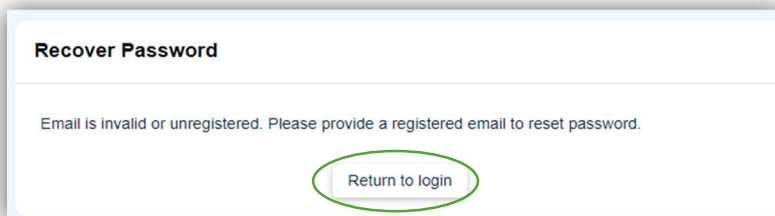
- Enter your registered RxSubmit email address and click **“Verify Account”**



- If a valid email address is entered, the below message will display, click **“Return to login”**



- If an invalid email address is entered, the below message will display (need to start again), click **“Return to login”**



- Select “Send the recovery link to my email”

**Recover Password**

Thanks [redacted]

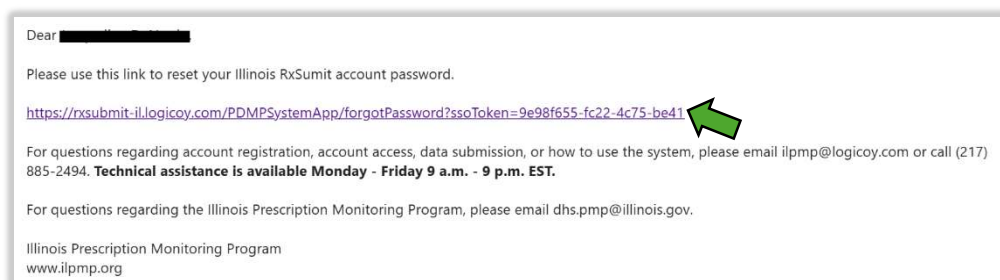
Now, that we know it's you, how would you like to reset your password.

We can either send you a recovery link to your email where you can easily update your password. Or, we can text you a recovery code to your phone that you'll use to update your password.

☒ Send the recovery link to my email

☐ Send the recovery code to my cell phone

- The registered email address receives the password reset email
- Click the link sent in the email to be redirected to RxSubmit to reset password



- Create a new password based on the requirements listed, type in both fields
- Confirm new password and click “Update Password”

**Recover Password**

Password reset link successfully validated.

New password

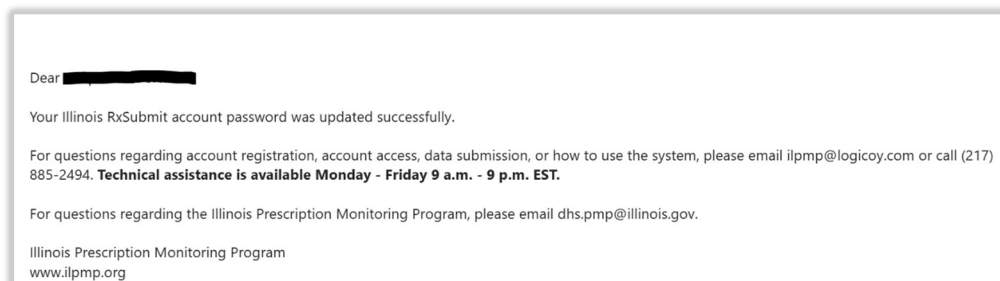
Confirm new password

Password must meet the following requirements:

- Minimum of 8 characters
- Contain one upper case letter
- Contain one lower case letter
- Contain at least one number
- Contain one special character (! @ # \$ etc.)
- Maximum of 72 characters

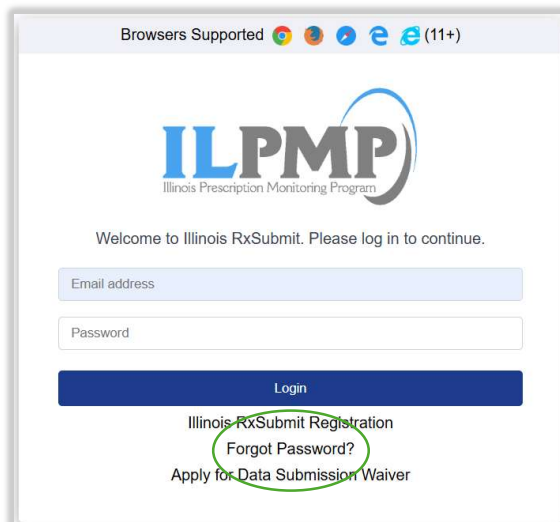
Update password

- Email sent indicating the password reset was successful

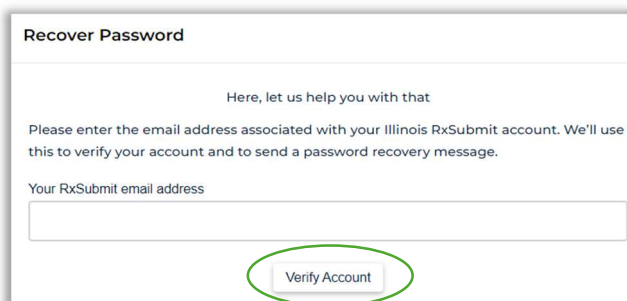


## 4.2 Phone preferred password reset

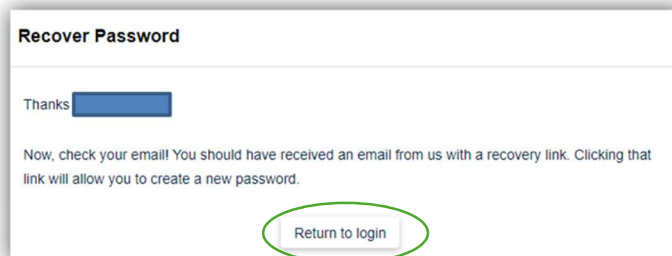
- Click **“Forgot Password”** to reset password



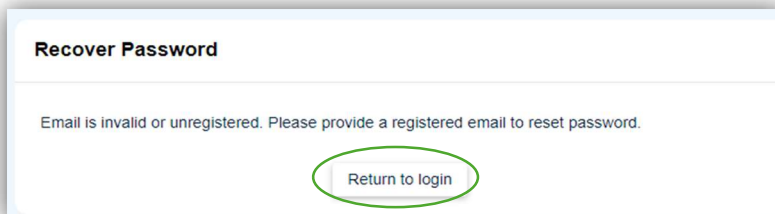
- Enter your registered RxSubmit email address and click **“Verify Account”**



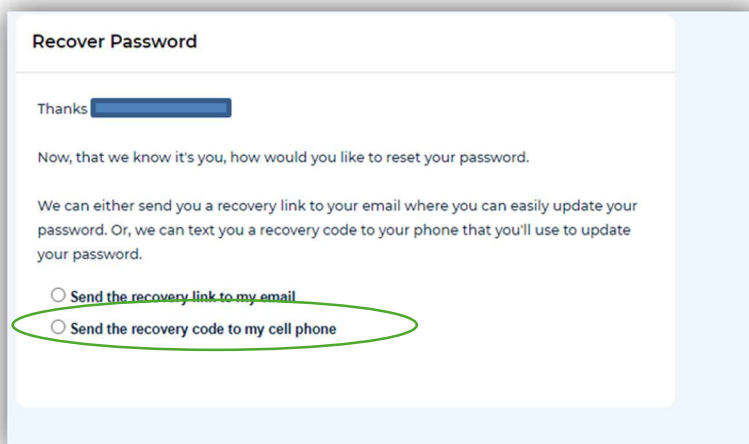
- If a valid email address is entered, the below message will display, click **“Return to login”**



- If an invalid email address is entered, the below message will display (need to start again), click **“Return to login”**



- Click “**Send the recovery code to my cell phone**” for a verification code to reset the password (*only available if you verified a phone number*)



**Recover Password**

Thanks [redacted]

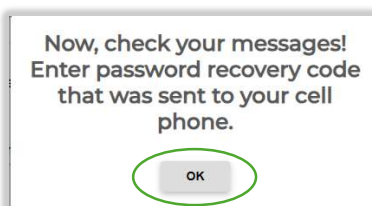
Now, that we know it's you, how would you like to reset your password.

We can either send you a recovery link to your email where you can easily update your password. Or, we can text you a recovery code to your phone that you'll use to update your password.

☐ Send the recovery link to my email

☒ Send the recovery code to my cell phone

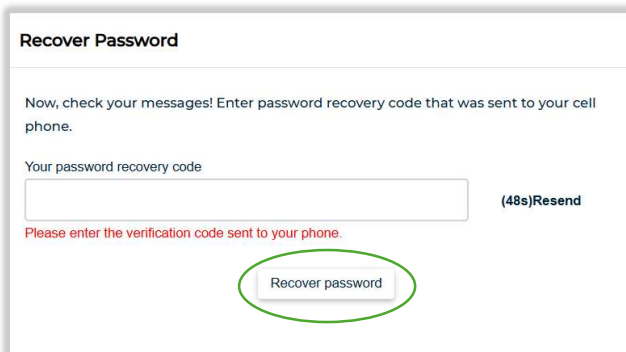
- The below message will appear, click “OK”



Now, check your messages!  
Enter password recovery code  
that was sent to your cell  
phone.

OK

- Type in verification code received
- Click “**Recover password**”



**Recover Password**

Now, check your messages! Enter password recovery code that was sent to your cell phone.

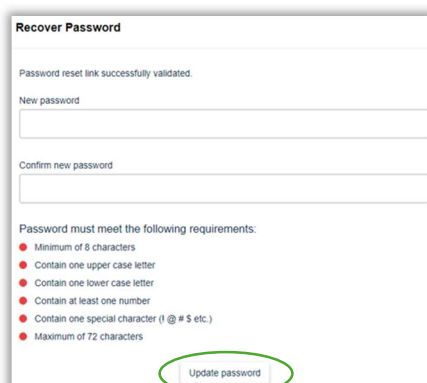
Your password recovery code

[input field] (48s)Resend

Please enter the verification code sent to your phone.

Recover password

- Enter a new password meeting all requirements noted, type in both fields
- Confirm new password and click “**Update password**”



**Recover Password**

Password reset link successfully validated.

New password

[input field]

Confirm new password

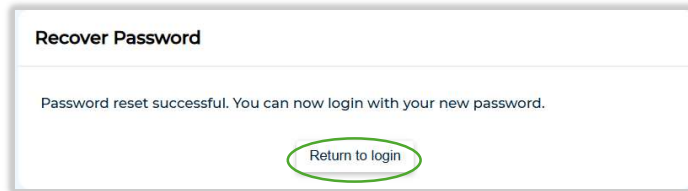
[input field]

Password must meet the following requirements:

- Minimum of 8 characters
- Contain one upper case letter
- Contain one lower case letter
- Contain at least one number
- Contain one special character (! @ # \$ etc.)
- Maximum of 72 characters

Update password

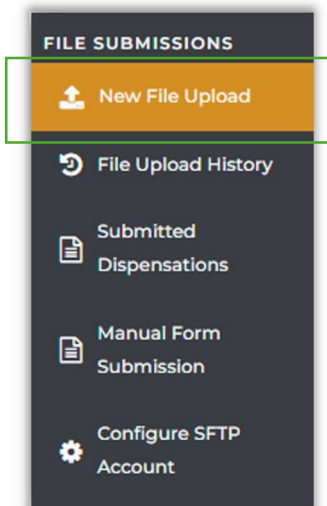
- Click **“Return to login”**



## 5 New File Upload

### 5.1 How to Upload a File

- Click “New File Upload” under **File Submissions** on the left side toolbar



- The below screen will appear

The 'Data Upload' screen has a header with the title 'Data Upload' and a subtitle 'Dispenser's or Pharmacist's new data upload screen'. It is divided into two main sections. The 'File Upload' section on the left contains a 'Choose File' button, a text input for 'File Description (Optional)', and an 'Upload File' button. The 'Zero Report Submission' section on the right includes a 'Purpose of zero report' note, 'Start Date' and 'End Date' date pickers, a 'Pharmacy DEA Number' text input, and an 'Upload Zero Report' button.

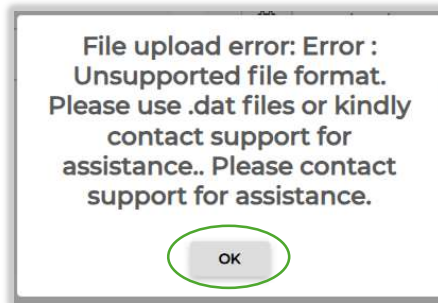
- Click “**Choose File**” to choose a file to submit to RxSubmit
- Select the file to be uploaded from your system
- Click “**Upload File**”

A close-up of the 'File Upload' section from the previous screenshot. The 'Choose File' button is circled in green, and the 'Upload file' button is also circled in green. The text 'File must follow the predefined ASAP format and should be .DAT , .PGP or .GPG file' is visible above the buttons.

- The status of the file is viewable
  - o Example below: file was processed successfully



- o Example below: file was NOT processed successfully
- o Click “OK” to return to the file upload screen



**Reminder:** Uploaded file must follow ASAP standards and must have a **.dat** extension.

## 6 Zero Report

### 6.1 When to upload a Zero Report

- A Zero Report should be uploaded for days where no Controlled Substance II-V or drugs of interest are dispensed.
- A Zero Report can be completed prior to dates the pharmacy or dispensing practitioner office is closed.
  - o Example: pharmacy or dispensing practitioner office is closed on Saturdays and Sundays; the data submitter can log into RxSubmit and submit a Zero Report for future Saturdays and Sundays.
  - o Example 2: pharmacy or dispensing practitioner office is closed on the 4<sup>th</sup> of July holiday, the data submitter can log into RxSubmit and submit a future Zero Report for July 4<sup>th</sup> prior to the date.

### 6.2 How to Upload a Zero Report

- The “**Zero Report Submission**” is completed on the same page as the “**New File Upload**” in section 5
- Enter the date(s) for submission and the Pharmacy or Dispensing practitioners DEA number
- Click “**Upload Zero Report**”

Zero Report Submission

**Purpose of zero report:**  
If a pharmacy does not dispense any controlled substances for a given reporting period, it must file a zero report for that reporting period or it will be considered noncompliant.

Start Date\*

End Date

Pharmacy DEA Number\*

**Upload Zero Report**

- A pop-up appears for attestation
- Click “**Yes**” to submit the zero report
- Click “**No**” to return to the previous screen

I attest that the pharmacy I am submitting this for did not or will not dispense any controlled substances during the reporting period(s).

**Yes** **No**

- The below confirmation message appears

**Upload Zero Report** Zero report submitted successfully.

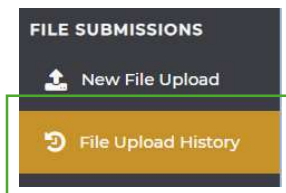
## 7 File Upload History

### 7.1 Synopsis

This section goes over the File Upload History tab within RxSubmit and how to view and correct errors.

### 7.2 Checking File Upload History

- Click **"File Upload History"** under **File Submissions** on the left-hand sidebar



- Enter applicable search data
  - o To view all submissions including Zero Reports, de-select **"Exclude Zero Reports"**
- Click **"Search"** to populate File List
  - o Click **"Reset Search"** to clear search fields

File Upload History

File Name:  Status:  File Submission Date Range:  ☐ Exclude Zero Report

File List

Showing below records for the given date range: 01/26/2025 - 02/26/2025

ID	File name	User name	IP-Address	Prescriptions	Success	Error	Warnings	Status	Date	Actions
195	Datasubmissiontestfile_2025_02_2026.dat	Jacqueline.denardo@illinois.gov	71.57.100.251, 136.226.13.55	0	0	0	0	Upload success	02/26/2025 03:53:33	Action

Export Table

- Requested information populates under the File List
  - o To generate a report, click **"Export Table"**

File List

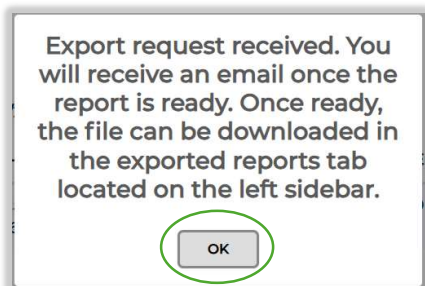
Showing below records for the given date range: 01/26/2025 - 02/26/2025

ID	File name	User name	IP-Address	Prescriptions	Success	Error	Warnings	Status	Date	Actions
195	Datasubmissiontestfile_2025_02_2026.dat	Jacqueline.denardo@illinois.gov	71.57.100.251, 136.226.13.55	0	0	0	0	Upload success	02/26/2025 03:53:33	Action

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Export Table

- o The below message will appear if exporting report (see 12.3 How to View/Download Exported Report)



**Note:** change "Status" to "Processed with Error" to show files within a specified date range that have errors that need to be corrected. Errors must be corrected within 7 days. If a prescription has an error, it will not show on the patient's profile.

## 7.3 Successfully Processed File

- For a **successfully processed file** the following action items allow a submitter to: (Under status – green font)
  - o **Edit File Records** – view the record submitted and edit the file if needed; correcting warnings.
  - o **Download Acknowledgement** – download an acknowledgement that the file was submitted successfully for auditing purposes
  - o **Download Summary Report** – download a summary of the file submitted and provide the total number of prescriptions uploaded with the creation date, total errors, duplicates, etc. (this is also emailed to the submitter)
  - o **Download Detailed Report** – download a detailed report of the file submitted which provides the prescriptions uploaded with the prescription number, status, and to which pharmacy it is uploaded (this is also emailed to the submitter)

**File List**

Showing below records for the given date range: 02/05/2025 - 03/05/2025

ID	File name	User name	IP-Address	Prescriptions	Success	Error	Warnings	Status	Date	Actions
198	ERRORV2FakePrescriptio n2026.02.26.dat	Jacqueline.denardo@illino is.gov	71.57.100.251, 136.226.13.55	1	0	1	1	Parsing-error	02/26/2025 07:38:19	Action
197	ERRORFakePrescription20 26.02.26.dat	Jacqueline.denardo@illino is.gov	71.57.100.251, 136.226.13.55	3	3	0	3	Processing-finished	02/26/2025 07:36:49	Action
196	FakePrescription2026.02.2 6.dat	Jacqueline.denardo@illino is.gov	71.57.100.251, 136.226.13.55	3	3	0	3	Processing-finished	02/26/2025 07:35:48	
195	Datasubmissiontestfile_20 25_02_2026.dat	Jacqueline.denardo@illino is.gov	71.57.100.251, 136.226.13.55	0	0	0	0	Parsing-error	02/26/2025 03:53:33	

Export Table

edit file records  
download acknowledgement  
download summary report  
download detail report

**Note:** File List shows the file name with ID, username and IP address, number of prescriptions with processing status, and date of processing with various actions that the user can perform.

### 7.3.1 Editing Processed File from File Upload History Tab (Correcting Warnings)

- Click on “Action” and a drop box will appear
- Select “Edit File Records”

**File List**

Showing below records for the given date range: 02/05/2025 - 03/05/2025

ID	File name	User name	IP-Address	Prescriptions	Success	Error	Warnings	Status	Date	Actions
198	ERRORV2FakePrescriptio n2026.02.26.dat	Jacqueline.denardo@illino is.gov	71.57.100.251, 136.226.13.55	1	0	1	1	Parsing-error	02/26/2025 07:38:19	Action
197	ERRORFakePrescription20 26.02.26.dat	Jacqueline.denardo@illino is.gov	71.57.100.251, 136.226.13.55	3	3	0	3	Processing-finished	02/26/2025 07:36:49	Action
196	FakePrescription2026.02.2 6.dat	Jacqueline.denardo@illino is.gov	71.57.100.251, 136.226.13.55	3	3	0	3	Processing-finished	02/26/2025 07:35:48	
195	Datasubmissiontestfile_20 25_02_2026.dat	Jacqueline.denardo@illino is.gov	71.57.100.251, 136.226.13.55	0	0	0	0	Parsing-error	02/26/2025 03:53:33	

Export Table

edit file records  
download acknowledgement  
download summary report  
download detail report

- A new screen will appear (see picture on page 22 under Section 7.3.1)
- Click on “Action” and a drop box will appear
  - o **More Details** – pop-up to display additional information
  - o **History** – access all history associated with the file (errors, edits, etc.)
  - o **Edit** – edit the file details in a pop-up window where the submitter can make changes to prescriptions with warnings. Warnings occur when a field is required but does not stop the processing of a file.
    - Warnings can be corrected by submitting a corrections file. If you need further assistance, please reach out to LogiCoy at [ilpmp@logicoy.com](mailto:ilpmp@logicoy.com).
    - Corrections can be submitted by:
      - Manual correction in the RxSubmit in the Submitted Dispensation
      - Manually uploading a correction file in New File upload
      - Uploading a correction file via SFTP

- **Void** – removes the record from the patient and prescriber profiles but NOT from the submitter profile or

**File Upload History**  
Record details for file name: ERRORFakePrescription2026.02.26.dat

File Status: processing-finished Back

Pharmacy DEA

Pharmacy NPI Number

Pharmacy License Number

Prescriber DEA

Prescriber NPI

Prescriber State License Number

Status

Rx Number

Prescription Written Date Range ? MM/DD/YYYY-MM/DD/YYYY Prescription Filled Date Range MM/DD/YYYY-MM/DD/YYYY Search Reset Search

**Submission List**

First Name	Last Name	DOB	Pharmacy	Prescriber	Rx #	Drug Name	Drug Strength	MME	Written date	Fill Date	Status	Action
FAKEFIRSTNAME	FAKELASTNAME	04/05/1969	FAKEDOC, FAKEDOCFIRST, E	FAKEDOC, FAKEDOCFIRST, E, N/A	4	N/A	N/A	0.00	02/26/2025	02/26/2025	Accepted V2	<div style="border: 1px solid #007bff; padding: 5px; width: 100px;"> <b>Action</b>  <a href="#">More Details</a>  <a href="#">History</a>  <a href="#">Edit</a>  <a href="#">Void</a> </div>
FAKEFIRSTNAME	FAKELASTNAME	04/05/1969	FAKEDOC, FAKEDOCFIRST, E	FAKEDOC, FAKEDOCFIRST, E, N/A	4	N/A	N/A	0.00	02/26/2025	02/26/2025	Duplicate V3	
FAKEFIRSTNAME	FAKELASTNAME	04/05/1969	FAKEDOC, FAKEDOCFIRST, E	FAKEDOC, FAKEDOCFIRST, E, N/A	4	N/A	N/A	0.00	02/26/2025	02/26/2025	Duplicate V6	

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entirely from RxSubmit

### 7.3.2 Download Acknowledgement

- Select **"Action"**
- Select **"Download Acknowledgement"**

**File List**  
Showing below records for the given date range: 02/05/2025 - 03/05/2025 Export Table

ID	File name	User name	IP-Address	Prescriptions	Success	Error	Warnings	Status	Date	Actions
198	ERRORV2FakePrescriptio n2026.02.26.dat	Jacqueline.denardo@illino is.gov	71.57.100.251, 136.226.13.55	1	0	1	1	Parsing-error	02/26/2025 07:38:19	Action
197	ERRORFakePrescription20 26.02.26.dat	Jacqueline.denardo@illino is.gov	71.57.100.251, 136.226.13.55	3	3	0	3	Processing-finished	02/26/2025 07:36:49	<div style="border: 1px solid #007bff; padding: 5px; width: 100px;"> <b>Action</b>  <a href="#">edit file records</a>  <a href="#">download acknowledgement</a>  <a href="#">download summary report</a>  <a href="#">download detail report</a> </div>
196	FakePrescription2026.02.2 6.dat	Jacqueline.denardo@illino is.gov	71.57.100.251, 136.226.13.55	3	3	0	3	Processing-finished	02/26/2025 07:35:48	
195	Datasubmissiontestfile_20 25_02_2026.dat	Jacqueline.denardo@illino is.gov	71.57.100.251, 136.226.13.55	0	0	0	0	Parsing-error	02/26/2025 03:53:33	

- The file will automatically download to your computer
- Below is an example of the file

```

ERRORFakePrescription2026.02.26_20250228075950220_ack.dat - Notepad
File Edit Format View Help
TH*4.2A*1111111111*01**20250226*130205**P**
IS*FAKEDOC, FAKEDOCFIRST, E*#20250226#-#20250226#
PHA*1831549427*NCPDP*MD0000000*FAKEDOC, FAKEDOCFIRST, E*111 FAKE ROAD*****
ACK*A
TP*3
TT*5

```

### 7.3.3 Download Summary Report

- Select “Action”
- Select “Download Summary Report”

**File List**

Showing below records for the given date range: 02/05/2025 - 03/05/2025

Export Table

ID	File name	User name	IP-Address	Prescriptions	Success	Error	Warnings	Status	Date	Actions
198	ERRORV2FakePrescriptio n2026.02.26.dat	Jacqueline.denardo@illino is.gov	71.57.100.251, 136.226.13.55	1	0	1	1	Parsing-error	02/26/2025 07:38:19	Action
197	ERRORFakePrescription20 26.02.26.dat	Jacqueline.denardo@illino is.gov	71.57.100.251, 136.226.13.55	3	3	0	3	Processing-finished	02/26/2025 07:36:49	Action
196	FakePrescription2026.02.2 6.dat	Jacqueline.denardo@illino is.gov	71.57.100.251, 136.226.13.55	3	3	0	3	Processing-finished	02/26/2025 07:35:48	edit file records download acknowledgement download summary report download detail report
195	Datasubmissiontestfile_20 25_02_2026.dat	Jacqueline.denardo@illino is.gov	71.57.100.251, 136.226.13.55	0	0	0	0	Parsing-error	02/26/2025 03:53:33	

- The file will automatically download to your computer
- Below is an example of the file, this is subject to change based on ASAP format

ERRORFakePrescription2026.02.26\_20250228075950220\_summary\_r... • Saved to this PC

File Home Insert Draw Page Layout Formulas Data Review View Automate Help

4.2A

Version Nu	Transaction	Transaction	Response II	Creation Ti	Creation Ti	File Type	T Records	Re Records	Ac Total	Error	Total Warn	Total Dupli	Total Voide	Full header Line
4.2A	1.11E+09	01		20250226	130205	P	1	3	0	0	3	2	0	4.2A*111111111111*01**20250226*130205*P**

### 7.3.4 Download detail report

- Select “Action”
- Select “Download Detail Report”

**File List**

Showing below records for the given date range: 02/05/2025 - 03/05/2025

Export Table

ID	File name	User name	IP-Address	Prescriptions	Success	Error	Warnings	Status	Date	Actions
198	ERRORV2FakePrescriptio n2026.02.26.dat	Jacqueline.denardo@illino is.gov	71.57.100.251, 136.226.13.55	1	0	1	1	Parsing-error	02/26/2025 07:38:19	Action
197	ERRORFakePrescription20 26.02.26.dat	Jacqueline.denardo@illino is.gov	71.57.100.251, 136.226.13.55	3	3	0	3	Processing-finished	02/26/2025 07:36:49	Action
196	FakePrescription2026.02.2 6.dat	Jacqueline.denardo@illino is.gov	71.57.100.251, 136.226.13.55	3	3	0	3	Processing-finished	02/26/2025 07:35:48	edit file records download acknowledgement download summary report download detail report
195	Datasubmissiontestfile_20 25_02_2026.dat	Jacqueline.denardo@illino is.gov	71.57.100.251, 136.226.13.55	0	0	0	0	Parsing-error	02/26/2025 03:53:33	

- The file will automatically download to your computer
- Below is an example of the file, this is subject to change based on ASAP format

ERRORFakePrescription2026.02.26\_20250228075950220\_detail\_r... • Saved to this PC

File Home Insert Draw Page Layout Formulas Data Review View Automate Help

Duplicate prescription found with same prescription details sent in file

Pharmacy I	Pharmacy I	Pharmacy I	Prescription	Date Filled	Date Written	NDC	Refill Num	Partial Fill	Field Code	Field Descri	Processing	Value Provi	Comment
NPI	1.83E+09	FAKEDOC, I	4	20250226	20250226	014397260	0	0		Duplicate			Duplicate prescription found with same prescription details sent in file

## 7.4 Processed File with Error (Correcting Errors)

For a **file with an error**, the following action items allow a submitter to: (Under status – red font)

- **Edit File Records** – view the record submitted and edit the file where the error is noted
- **Error Details** – view a pop-up window detailing the reason the file could not be processed

### 7.4.1 Edit File Record (Correcting Errors)

- Click “Edit file records”

File List

Showing below records for the given date range: 02/25/2025 - 02/27/2025

ID	File name	User name	IP-Address	Prescriptions	Success	Error	Warnings	Status	Date	Actions
198	ERRORV2FakePrescription2026.02.26.dat	jacqueline.denardo@illinois.gov	71.57.100.251, 136.226.13.55	1	0	1	1	Parsing-error	02/26/2025 07:38:19	<div> <div>Action</div> <div> edit file records error details </div> </div>
197	ERRORFakePrescription2026.02.26.dat	jacqueline.denardo@illinois.gov	71.57.100.251, 136.226.13.55	3	3	0	3	Processing-finished	02/26/2025 07:36:49	

Export Table

- The below screen will appear
- Click “Action” and a drop-down menu will appear
  - **More Details** – pop-up to display additional information
  - **History** – access all history associated with the file (errors, edits, etc.)
  - **Edit** – edit the file details in the pop-up window to make corrections to errors and warnings for a prescription or a range of prescriptions.
    - Errors and warnings can be corrected by submitting a corrections file. If you need further assistance, please reach out to LogiCoy at [ilpmp@logicoy.com](mailto:ilpmp@logicoy.com).
    - Corrections can be submitted by:
      - Manual correction in the RxSubmit in the Submitted Dispensation
      - Manually uploading a correction file in New File upload
      - Uploading a correction file via SFTP
  - **Void** – removes the record from the patient and prescriber profiles but NOT from the submitter profile or entirely from RxSubmit

File Upload History

Record details for file name: ERRORV2FakePrescription2026.02.26.dat

File Status: Parsing-error

Back

Pharmacy DEA	Pharmacy NPI Number	Pharmacy License Number	Prescriber DEA
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prescriber NPI	Prescriber State License Number	Status	Rx Number
<input type="text"/>	<input type="text"/>	Status <input type="text"/>	<input type="text"/>
Prescription Written Date Range	Prescription Filled Date Range		
<input type="text"/>	<input type="text"/>		
		Search	Reset Search

Submission List

First Name	Last Name	DOB	Pharmacy	Prescriber	Rx #	Drug Name	Drug Strength	MME	Written date	Fill Date	Status	Actions
FAKEFIRSTNAME	FAKELASTNAME	04/05/1969	FAKEDOC, FAKEDOCFIRST, E	FAKEDOC, FAKEDOCFIRST, E, N/A	4	N/A	N/A	0.00	02/26/2025	02/26/2025	Resubmitted	<div> <div>Action</div> <div> More Details History edit void </div> </div>

Page number: 1 Previous Next Items per page 1/1

**Note:** change “Status” to “ERRORED” to show prescriptions within a specified date range that have errors that need to be corrected. Errors must be corrected because if a prescription has an error, it does not show on the ILPMP website.

### 7.4.2 Error Details

- Click “Error details”
- Error descriptions will be listed on a pop-up screen
- Click “Close” to exit the pop-up screen

### 7.4.3 Manual Error/Warning Correction Example

- Select “**More Details**” from the above File Upload History or Submitted Dispensations to see the error or warnings for the prescription

Prescription Number : CA\_PS\_002

File Name: CA\_PartialSucess.dat Submission Type: File Upload

Error Details

Segment Name	Error Reason	Type	Processing Source
DSP.8	A valid value expected for product id. Please enter the product id in this field for the record to be accepted.	Error	LogiCoy

Header Segments

**Segment: TH Transaction Header**

Version / Release Number : 4.2B

Transaction Control Number : 80077

Transaction Type : 01

Response ID : N/A

Creation Date : 20250110

Creation Time : 091730

File Type : T

Routing Number/BIN : N/A

**Segment: IS Information Source**

Unique Information Source ID : 555555123

Information Source Entity Name : CAD0HPDMP

Message : N/A

**Segment: PHA Pharmacy Header**

NPI : 1396128443

NCPDP/NABP Provider ID : N/A

DEA Number : AF1681990

Pharmacy or Dispensing Prescriber Name : ACE MEDICAL PHARMACY

Address Information - 1 : A1

Address Information - 2 : A2

City : HERSHEY

State : PA

ZIP Code : 24514

Phone Number : 8888888845

Contact name : ACE

Chain Site ID : ID2

Pharmacy Permit/License # : N/A

- Scroll through details to see the exact error in question

**Segment: PAT Patient Information**

ID Qualifier of Patient Identifier : N/A

ID Qualifier : 99

ID of Patient : 4201598

ID Qualifier of Additional Patient Identifier : N/A

Additional Patient ID Qualifier : N/A

Additional ID : N/A

First Name : RANDY

Last Name : ARMSTRONG

Middle Name : N/A

Date of Birth : 19501025

Gender Code : M

Name Prefix : N/A

Name Suffix : N/A

Address Information - 1 : 456 COCOA AVENUE

Address Information - 2 : N/A

City : OAKLAND

State : CA

ZIP : 17033

Phone Number : 7175134598

Species Code : N/A

Patient Location Code : N/A

Country of Non-U.S. Resident : N/A

Name of Animal : N/A

**Segment: DSP Dispensing Record**

Reporting Status : 00

Prescription Number : CA\_PS\_002

Date Written : 20250409

Refills Authorized : 00

Date Filled : 20250409

Refill Number : N/A

Product ID Qualifier : 01

Product ID : N/A

Quantity Dispensed : 60

Days Supply : 12

Drug Dosage Units Code : 01

Transmission Form of Rx Origin Code : 05

Partial Fill Indicator : 1

Pharmacist National Provider Identifier : N/A

Pharmacist State License Number : N/A

Classification Code for Payment Type : 01

Date Sold : N/A

RxNorm Product Qualifier : N/A

RxNorm Code : N/A

Electronic Prescription Reference Number : N/A

Electronic Prescription Order Number : N/A

Quantity Prescribed : N/A

**Segment: PRE Prescriber Information**

NPI : [REDACTED]

DEA Number : [REDACTED]

DEA Number Suffix : N/A

State License Number : [REDACTED]

First Name : SARAH

Middle Name : QA

Last Name : [REDACTED]

Phone Number : 1234567891

XDEA Number : N/A

Jurisdiction or State Issuing Prescriber License Number : N/A

**Segment: AIR Additional Information Reporting**

State Issuing Rx Serial Number : N/A

State Issued Rx Serial Number : N/A

ID Issuing Jurisdiction : N/A

ID Qualifier of Person Dropping Off or Picking Up Rx : N/A

ID of Person Dropping Off or Picking Up Rx : N/A

Relationship of Person Dropping Off or Picking Up Rx : N/A

Last Name of Person Dropping Off or Picking Up Rx : N/A

First Name of Person Dropping Off or Picking Up Rx : N/A

Last Name or Initials of Pharmacist : N/A

First Name of Pharmacist : N/A

- Close this screen
- Select “**Action**”

- Select **"Edit"**
  - o DSP Product Id was the error showing

DSP description ▲

DSP prescription number CA_PS_002	DSP prescription date filled 04/09/2025	DSP Prescription written date 04/09/2025	DSP Product Id N/A
DSP days supply 12	DSP quantity dispensed 60	DSP drug dosage unit 01	DSP reporting status 01 ▼
DSP refills authorized 00	DSP refill number 0	DSP productid qualifier 01	DSP transmission form 05
DSP partial fill indicator 1	DSP pharmacist NPI N/A	DSP Pharmacist license number N/A	DSP Payment type code Private Pay ▼
DSP date sold MM/DD/YYYY	DSP Rxnorm product qualifier N/A	DSP Rxnorm code N/A	DSP Electronic prescription reference number N/A
DSP Electronic prescription order number N/A	Quantity Prescribed N/A		

- Correct the error or warning with appropriate information, see below
- Check that **"DSP reporting Status"** is **"01"** for revised

DSP description ▲

DSP prescription number CA_PS_002	DSP prescription date filled 04/09/2025	DSP Prescription written date 04/09/2025	DSP Product Id 59651072299
DSP days supply 12	DSP quantity dispensed 60	DSP drug dosage unit 01	DSP reporting status 01 ▼
DSP refills authorized 00	DSP refill number 0	DSP productid qualifier 01	DSP transmission form 05
DSP partial fill indicator 1	DSP pharmacist NPI N/A	DSP Pharmacist license number N/A	DSP Payment type code Private Pay ▼
DSP date sold MM/DD/YYYY	DSP Rxnorm product qualifier N/A	DSP Rxnorm code N/A	DSP Electronic prescription reference number N/A
DSP Electronic prescription order number N/A	Quantity Prescribed N/A		

- Type in reason for correction
- Select **"Update"**

☐ Contested Prescription

Reason for edit  
Updated product ID

Add comment

Comment history ▼

Cancel Update Close

- Go back to screen and click on “**Action**” and then “**History**” to show the correction history of the prescription

Prescription Number : **CA\_PS\_002**, UUID : **:AF1681990:CA\_PS\_002-20250409:59651072299:0:1**

Note: Click on the right arrow to view details.

❶ Prescription Submitted on 04/18/2025 13:42:25 By Sophia R , Record Status: **Resubmitted** V1

Submission Type: N/A , File Name: N/A , Patient Name: RANDY ARMSTRONG, DOB: 10/25/1950, Gender: M, Pharmacy DEA: AF1681990, Date filled: 04/09/2025, Product Id: N/A, Refill #: 0, Partial Indicator: 1

Reason for Edit: N/A

Error: **DSP.8** Warning: **N/A**

❷ Prescription Edited On 04/18/2025 13:54:00 By Sophia R , Record Status: **Accepted** V2

Submission Type: File Upload , File Name: CA\_PartialSucess.dat , Patient Name: RANDY ARMSTRONG, DOB: 10/25/1950, Gender: M, Pharmacy DEA: AF1681990, Date filled: 04/09/2025, Product Id: 59651072299, Refill #: 0, Partial Indicator: 1

Reason for Edit: Updated product ID

Error: **N/A** Warning: **N/A**

Close

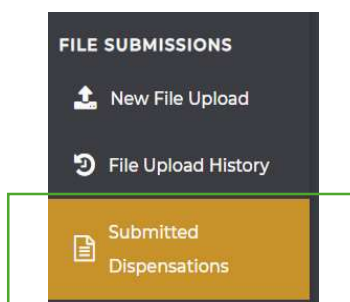
## 8 Submitted Dispensations

### 8.1 Synopsis

The “**Submitted Dispensations**” feature provides a summary of the submitted dispensations made by a pharmacy or dispensing practitioner. Multiple search parameters such as; Pharmacy DEA, NPI, License Number, Prescriber DEA, NPI and License Number, Prescription Number (Rx Number), Prescription Written and Fill Date, Status, and Scheduled Drug Type.

### 8.2 Checking Submitted Dispensations

- Click “**Submitted Dispensations**” under **File Submissions** on the left-hand toolbar



- Enter available data and click “**Search**”
  - o If you want to clear the search to start over, click “**Reset Search**”

Submitted Dispensations Page Walkthrough

Pharmacy DEA

Pharmacy NPI Number

Pharmacy License Number

Prescriber DEA

Prescriber NPI

Prescriber State License Number

Status

Rx Number

File Name

Tracking Id

Prescription Written Date Range

Prescription Filled Date Range

MM/DD/YYYY-MM/DD/YYYY

01/01/2025 - 03/11/2025

Search

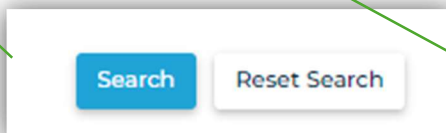
Reset Search

Export Table

Submission List

Showing below records for the given date range - 01/01/2025 - 03/11/2025

First Name	Last Name	DOB	Pharmacy	Prescriber	Rx #	Drug Name	Drug Strength	MME	Written date	Fill Date	Status	Action
ZERO	REPORT	N/A	N/A	N/A, N/A	N/A	N/A	N/A	0.00	N/A	03/10/2025	Accepted V1	Action
ZERO	REPORT	N/A	N/A	N/A, N/A	N/A	N/A	N/A	0.00	N/A	03/10/2025	Accepted V2	Action
FAKEFIRSTNAME	FAKELASTNAME	04/05/1969	FAKEDOC, FAKEDOCFIRST, E	FAKEDOC, FAKEDOCFIRST, E, N/A	4	N/A	N/A	0.00	02/26/2025	02/26/2025	Resubmitted V1	Action
FAKEFIRSTNAME	FAKELASTNAME	04/05/1969	FAKEDOC, FAKEDOCFIRST, E	FAKEDOC, FAKEDOCFIRST, E, N/A	4	N/A	N/A	0.00	02/26/2025	02/26/2025	Duplicate V6	Action
FAKEFIRSTNAME	FAKELASTNAME	04/05/1969	FAKEDOC, FAKEDOCFIRST, E	FAKEDOC, FAKEDOCFIRST, E, N/A	4	N/A	N/A	0.00	02/26/2025	02/26/2025	Accepted V2	Action



- Click **“Action”** next to a prescription to display the drop-down menu
  - **More Details** – displays a pop-up with additional information such as Pharmacy DEA, Pharmacy Name, etc.
  - **History** – shows all history associated with a file
  - **Edit** – edits the file details in the pop-up window that appears
    - Errors and warnings can be corrected by submitting a corrections file. If you need further assistance, please reach out to LogiCoy at [ilpmp@logicoy.com](mailto:ilpmp@logicoy.com).
    - Corrections can be submitted by:
      - Manual correction in the RxSubmit in the Submitted Dispensation
      - Manually uploading a correction file in New File upload
      - Uploading a correction file via SFTP
  - **Delete** – delete the record from RxSubmit *(a file is never fully deleted from the database)*

**Submitted Dispensations** Page Walkthrough

Pharmacy DEA:

Pharmacy NPI Number:

Pharmacy License Number:

Prescriber DEA:

Prescriber NPI:

Prescriber State License Number:

Status:

Rx Number:

Prescription Written Date Range:

Prescription Filled Date Range:

Filter by drug schedule: ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ All

Showing below records for the given date range: 01/01/2021 - 12/06/2021

First Name	Last Name	DOB	Pharmacy	Prescriber	Rx #	Drug Name	MME	Written date	Fill Date	Status	Action
DOROTHY	DIMPLES	10/25/1960	THE MEDICINE SHOPPE	JOHN LEGERE	0700120	PRICABALIN	0	10/01/2021	05/01/2021	Resubmitted	Action
DOROTHY	DIMPLES	10/25/1960	THE MEDICINE SHOPPE	JOHN LEGERE	0700120	PRICABALIN	0	10/01/2021	05/01/2021	Resubmitted	Action
DOROTHY	DIMPLES	10/25/1960	THE MEDICINE SHOPPE	JOHN LEGERE	0700120	PRICABALIN	0	10/01/2021	05/01/2021	Duplicate	Action
DOROTHY	DIMPLES	10/25/1960	THE MEDICINE SHOPPE	JOHN LEGERE	0700120	PRICABALIN	0	10/01/2021	05/01/2021	Accepted	Action

Action

**Action** ▾

- More Details
- History
- Edit
- Delete

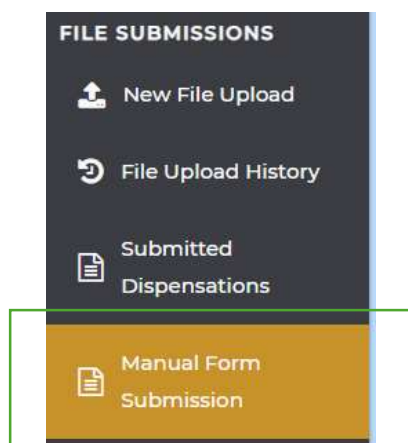
## 9 Manual Form Submission

### 9.1 Synopsis

The “**Manual Form Submission**” feature, also known as the Universal Claim Form or UCF, allows you to manually submit dispensation information related to the patient, prescriber, and dispenser. The form has several sections.

### 9.2 Completing a Manual Form Submission

- Click “**Manual Form Submission**” under **File Submissions** on the left-hand toolbar



- There are multiple sections that need to be completed to submit
- **Patient Information:** complete the information fields with the asterisk (\*)

Manual Form Entry (UCF) Form For Dispensing Medications Page Walkthrough

Patient information ▼

Animal ☐

First Name \*

Last Name \*

Middle Name

Patient Suffix

Date of birth \*

Gender \*

Select Gender ▼

Address 1 \*

Address 2

State \*

Select a state ▼

City \*

Select a city ▼

ZIP code \*

Patient ID type

Select patient ID type ▼

Patient ID

Phone number \*

Must be in (000)000-0000 format

- **Dispensary Information:** complete the information fields with the asterisk (\*)

Dispensary information ▼

Generate autofill based on the DEA ☐

NPI \*

DEA Number \*

Dispensary Name \*

Address \*

- **Pharmacist Information:** complete the information fields with the asterisk (\*)

Pharmacist information

NPI Number

State License Number

- **Prescriber Information:** complete the information fields with the asterisk (\*)

Prescriber information

Generate autofill based on the prescriber DEA ☐

Prescriber NPI \*

Prescriber DEA \*

Prescriber DEA Suffix

Prescriber State License

Prescriber First Name \*

Prescriber Last Name \*

Prescriber Middle Name

- **Prescription Information:** complete the information fields with the asterisk (\*)

Prescription information

Compound drug ☐

NDC Number \*

Quantity dispensed \*

Days Supply \*

Date Written \*

Date Filled \*

Date Sold

Payment Type \*

Prescription Number \*

Authorized Refill \*

Refill Number \*

Prescription Origin \*

Electronic prescription Reference no

Units \*

Partial Fill \*

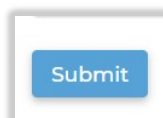
+ Add New Prescription

Submit

- Click “Add New Prescription” to add another prescription



- Click “Submit” to submit prescription



- A pop-up will appear showing the data has been processed successfully

## 9.3 Compound Drug

- Complete all steps from 9.2 Completing a Manual Submission
- Select **“Compound Drug”** under **Prescription Information**

Prescription information

Compound drug ☐

NDC Number \*

Quantity dispensed \*

Days Supply \*

Date Written \*

Date Filled \*

Date Sold

Payment Type \*

Prescription Number \*

Authorized Refill \*

Refill Number \*

Prescription Origin \*

Electronic prescription Reference no

Units \*

Partial Fill \*

+ Add New Prescription

Submit

**Note:** The NDC will automatically generate.

- Enter the information for the compounded product
- Add the individual ingredients by sequence order
- Click **“Add Compounding Ingredients”** to add additional ingredients

Compound Drug Ingredient Detail (Optional) + Add Compounding Ingredient

Sequence Number \*

Compound Drug Dosage Units Code \*

NDC \*

Component Ingredient Quantity \*

+ Add New Prescription

Submit

- Click **“Add New Prescription”** to add another prescription

+ Add New Prescription

- Click **“Submit”** to submit prescription

Submit

## 10 sFTP Account (Secure File Transfer Protocol)

### 10.1 Synopsis

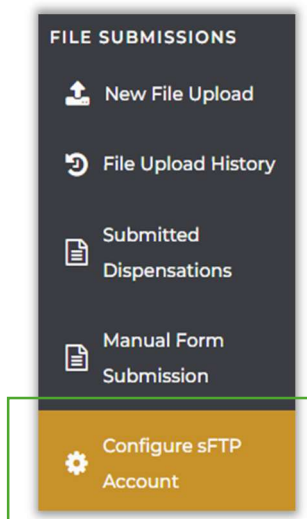
This section shows how to set up a secure file transfer of dispensed Controlled Substance II-V, drugs of interest or Zero Report for a pharmacy or dispensing practitioner. This file transfer needs to be updated when there is a new submitter for a pharmacy or dispensing practitioner, or the file will be submitted under the previous submitter. Contact your pharmacy management system or LogiCoy at [ilpmp@logicoy.com](mailto:ilpmp@logicoy.com) for assistance.

### 10.2 How to configure a sFTP Account

There are two (2) methods which you can log into the sFTP (SSH) client

#### 10.2.1 Creating a custom password using RxSubmit

- Click “**Configure sFTP Account**” under **File Submissions** on the left-hand toolbar



- Click “**Create you sFTP Account**” to create a username and password

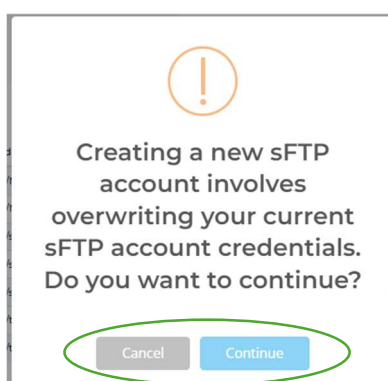
A screenshot of a web form titled 'Manage sFTP Account'. The form has a section 'sFTP Account Setup' with the following fields: 'On behalf of user name (Editable Only for Admin)' with a text input field containing 'Enter dispenser registered email address'; 'Create your sFTP username' with a text input field containing 'For example : johnsftpuser' and a note '\* sFTP username can contain only letters (a-z or A-Z) or numbers (0-9).'; 'Create your sFTP password' with a password input field containing 'Password'; and 'Confirm your sFTP password' with a confirm password input field containing 'Confirm password'. At the bottom are two buttons: 'Cancel' and 'Create your sFTP Account'.

**Note:** The username and password are in addition to the Illinois RxSubmit username and password.

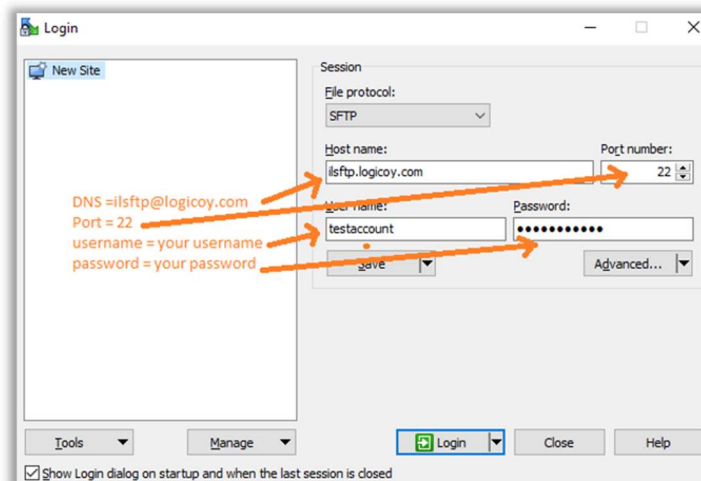
- A pop-up message will display the status of the sFTP account creation

- The sFTP account information is always available to the user
- Click **“Create New sFTP Account”** to change your sFTP credentials
  - This will overwrite the existing sFTP credentials

- Click **“Continue”** to begin process to overwrite
- Click **“Cancel”** to cancel new sFTP credentials

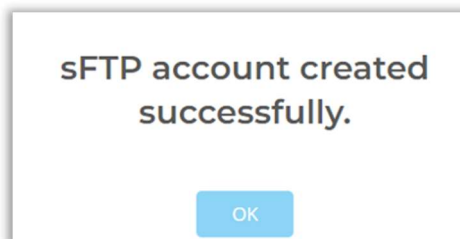


- Create new credentials as before
- Configuration Credentials:
  - sFTP Hostname: ilsftp.logicoy.com OR the Host IP is: 52.15.115.105
  - sFTP port number is 22
  - sFTP credentials are sent via secure email to your RxSubmit registered email address



**Note:** The above picture shows credentials used to set up the sFTP account in the sFTP tool such as FileZilla or WinSCP.

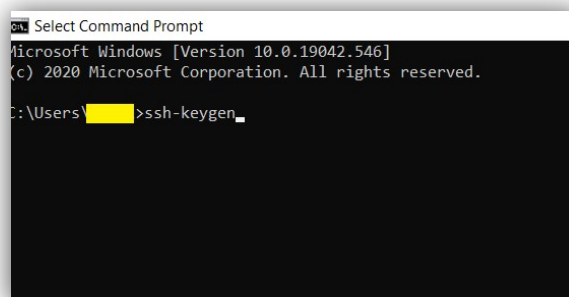
- sFTP account is ready to use once set up



**Note:** If you have a firewall, whitelist IP 52.15.115.105. For more assistance, please contact your IT department.

### 10.2.2 Public Key Authentication Using SSH Key Commands

- SSH key authentication is supported through RxSubmit
- **Supported Key Types:**
  - SSH-2 RSA 2048bit length
- **Unsupported Key Types:**
  - The keys SSH-1 RSA and SSH-2 DSA
- Use any sFTP client
- Open command prompt
- Enter command “ssh-keygen”



- This command helps in creating 2 sets of keys (Private and Public)
- The Public Key is shared with RxSubmit while the user retains the Private Key
- Press “Enter” on the keyboard
- Provide the Windows path to save the key pair

```
C:\Users\[redacted]>ssh-keygen
Generating public/private rsa key pair.
Enter file in which to save the key (C:\Users\[redacted]/.ssh/id_rsa): C:/Users/[redacted]/PKI
```

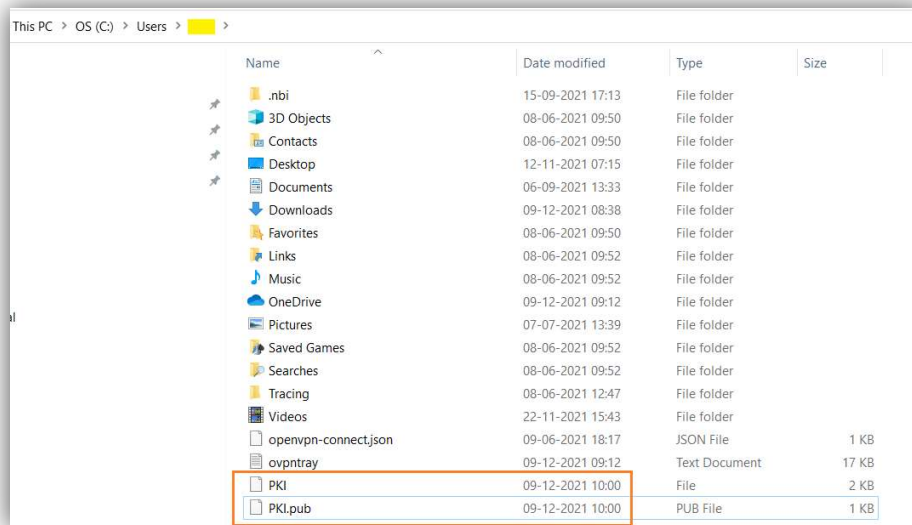
- Press “Enter” for the passphrase
- Press “Enter” again to confirm the passphrase

```
C:\Users\[redacted]>ssh-keygen
Generating public/private rsa key pair.
Enter file in which to save the key (C:\Users\[redacted]/.ssh/id_rsa): C:/Users/[redacted]/PKI
Enter passphrase (empty for no passphrase):
Enter same passphrase again: █
```

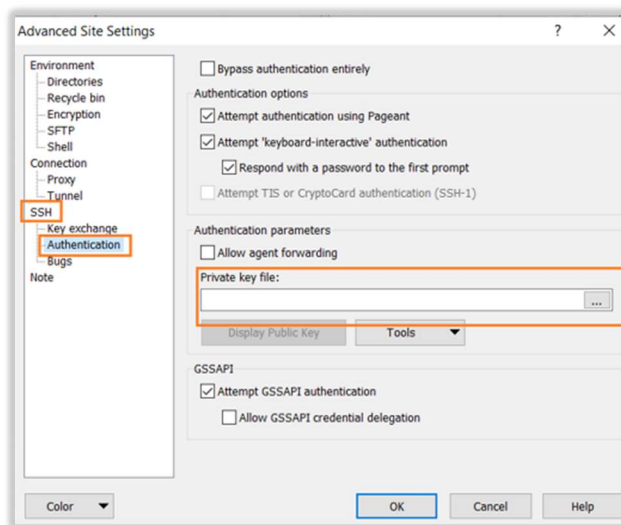
- The Private and Public keys have been created successfully

```
C:\Users\[redacted]>ssh-keygen
Generating public/private rsa key pair.
Enter file in which to save the key (C:\Users\[redacted]/.ssh/id_rsa): C:/Users/[redacted]/PKI
Enter passphrase (empty for no passphrase):
Enter same passphrase again: █
Your identification has been saved in C:/Users/[redacted]/PKI.
Your public key has been saved in C:/Users/[redacted]/PKI.pub.
The key fingerprint is:
SHA256:[redacted]
```

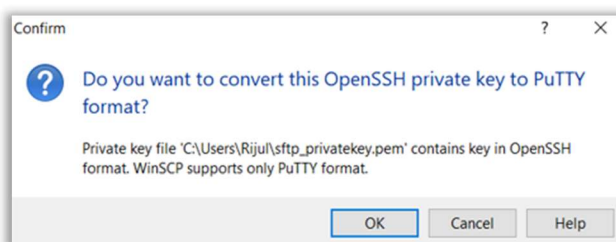
- Rename Public keys
  - o “pki.pub” to “authorized\_keys”
  - o “PKI” to “sFTP\_privatekey.pem”



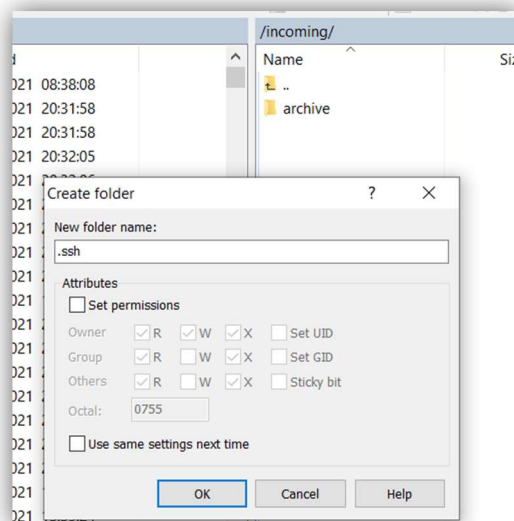
- Log into sFTP client and click “**Advanced**”
- Enter the path to the generated Private key
- Click “**OK**”



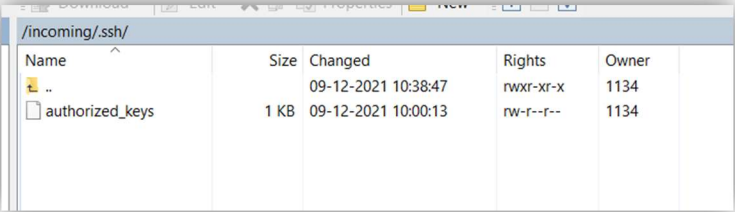
- Click “**OK**” on the confirmation pop-up



- Enter your credentials and click “**Login**” on the sFTP client
- Enter the “**/incoming**” folder



- Create a .ssh subfolder in the home directory of the sFTP account
- Transfer the “**authorized\_keys**” file into the **.ssh subfolder**
- The Public key is matched to the private key, which allows you to log in without entering the password



Name	Size	Changed	Rights	Owner
..		09-12-2021 10:38:47	rwxr-xr-x	1134
authorized_keys	1 KB	09-12-2021 10:00:13	rw-r--r--	1134

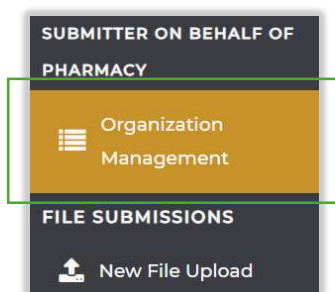
# 11 Organization Management

## 11.1 Synopsis

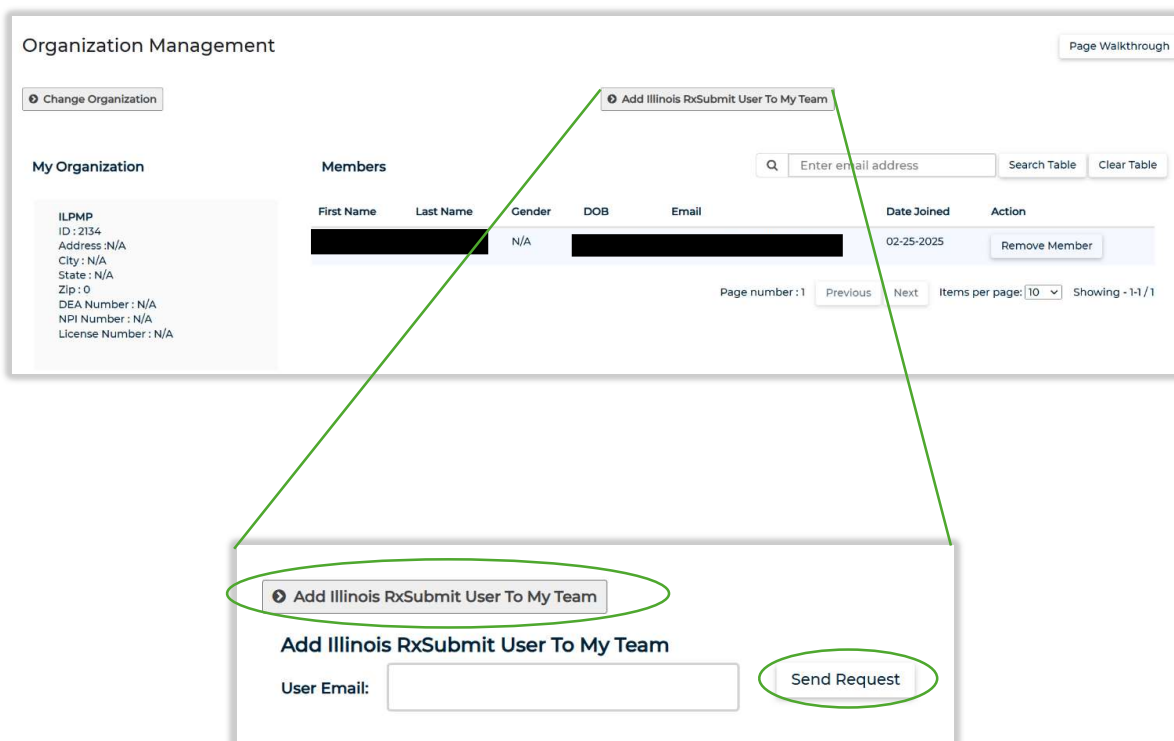
This section provides guidance on managing the submitter organization. One user can link existing RxSubmit users to the same organization(s). Data Submitters linked to an organization can view, edit, and delete the data submitted by their coworkers belonging to the same organizations. **This should be completed prior to any changes to the data submitter for a pharmacy or dispensing practitioner office.**

## 11.2 Adding a User to an Organization

- Select “**Organization Management**” on the left-hand toolbar



- Click “**Add RxSubmit User to My Team**” to link or send out requests to other RxSubmit users
- Enter the user’s RxSubmit email in the pop-up that appears (this is required for linking)
- Click “**Send Request**”



## 11.3 Changing Organizations

- Click **“Change Organization”** to join a new organization
- Enter the Organization ID
- Click **“Send Request”**

The screenshot shows the 'Organization Management' page. On the left, under 'My Organization', there is a 'Change Organization' button. A green line points from this button to a zoomed-in view of the 'Join New Organization' form. In this form, the 'Organization ID' input field and the 'Send Request' button are circled in green.

**Organization Management**

Page Walkthrough

Change Organization Add Illinois RxSubmit User To My Team

My Organization

ILPMP  
ID: 2134  
Address: N/A  
City: N/A  
State: N/A  
Zip: 0  
DEA Number: N/A  
NPI Number: N/A  
License Number: N/A

Members

First Name Last Name Gender DOB Email Date Joined Action

		N/A			02-25-2025	Remove Member
--	--	-----	--	--	------------	---------------

Page number: 1 Previous Next Items per page: 10 Showing: 1-1 / 1

Join New Organization:

Organization ID:

Send Request

## 11.4 Approve/Reject New Users

- Data Submitters may receive multiple requests from coworkers and different organizations
  - o Click **“Accept”** to accept the new request
  - o Click **“Reject”** to reject the new request

The screenshot shows the 'Requests By Other Organizations' section. It contains a table with columns for First Name, Last Name, Email, Employer Name, Employer ID, and Action. The 'Action' column for the first row contains 'Approve' and 'Reject' buttons, which are circled in green.

**Requests By Other Organizations**

(Given below are the invites invited by other organization members to you to join with their organizations)

First Name	Last Name	Email	Employer Name	Employer ID	Action
			ILPMP	2134	Approve Reject

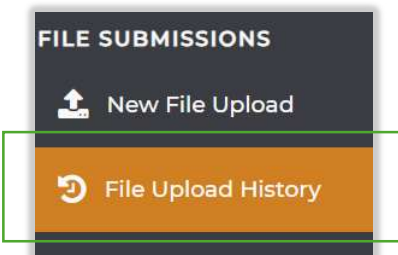
## 12 Reports

### 12.1 Synopsis

This section provides guidance on how to export and download reports.

### 12.2 How to create an Export Report

- Click **"File Upload History"** under **File Submissions** on the left-hand toolbar



- Enter applicable information, i.e. File Name, Status, Date Range, etc.
- Click **"Search"** to view file list requested
  - o Click **"Reset Search"** to clear information and start again
- Click **"Export Table"** to process report

File Upload History

Page Walkthrough

File Name:

Status:

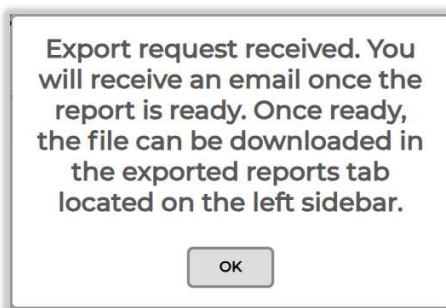
File Submission Date Range:  ☐ Exclude Zero Report

File List

Showing below records for the given date range: 01/26/2025 - 02/26/2025

ID	File name	User name	IP-Address	Prescriptions	Success	Error	Warnings	Status	Date	Actions
<input type="button" value="Export Table"/>										

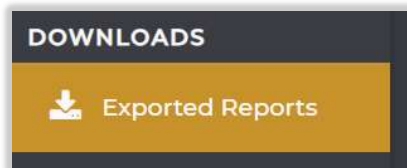
- Below message will appear



**Note:** Excel sheet detailing files that have been submitted within the given timeframe for the organization. This can include but is not limited to; username, number of files, resubmissions, file names, status of file upload (success/error), number of records, processed with warnings, scheduled drug, manual submissions, etc.

## 12.3 How to view/download an Exported Report

- Follow 12.2 How to create an Export Report
- Click **“Exported Reports”** on the left-hand toolbar



- Filter by:
  - o Date Range
  - o Specific Report Name
- Click **“Search Table”**
  - o Click **“Reset Table”** to clear filters and start again

Exported Reports Page Walkthrough

Selected date range : 02/04/2025 - 03/04/2025 Total files ready to download 6

Filter by Date Range ?

02/04/2025 - 03/04/2025 Q Search Table Reset Search

File Name	Report Name	File Path	Exported Date	Exported By	Action
-----------	-------------	-----------	---------------	-------------	--------

- Click **“Download”**

File Name	Report Name	File Path	Exported Date	Exported By	Action
FakePrescription2026...	File Summary Report	/efs/fileProcessor/s...	02/28/2025 08:00:01	jacqueline.denardo@illinois.gov	Download

- The report is downloaded in a .csv format and can be opened in Microsoft Excel

**Note:** The Exported Report page provides easy access to all the reports you have exported. You can also filter searches using data range parameters or the Search Table.

## 13 Notifications and Messages

### 13.1 Synopsis

This section provides guidance on how to view messages and notifications received within the RxSubmit portal.

### 13.2 Notifications

Are related to file uploads, password resets, downtime notifications, etc.

- Click “**Notifications**” to show the below display















- Click “**information**” icon to display notification (  )

Notifications Page Walkthrough

System Notifications 2

All Notifications 6 Unread Notifications 5

Date Range: MM/DD/YYYY-MM/DD/YYYY Search:  Apply Filter Reset Filter Delete

<input type="checkbox"/>	Title	Description	Received on	Action
<input type="checkbox"/>	Processing complete for file - FakePrescription2026.02.26.dat, Latest status : PROCESSING-FINISHED	Dear Jacqueline DeNardo, Your...	02-28-2025 08:00:01	 
<input type="checkbox"/>	Processing complete for file - ERRORFakePrescription2026.02.26.dat, Latest status : PROCESSING-FINISHED	Dear Jacqueline DeNardo, Your...	02-28-2025 07:59:51	 
<input type="checkbox"/>	Join Request For Organization.	Keerthi B has requested to joi...	01-16-2024 08:06:26	 
<input type="checkbox"/>	Join Request For Organization.	Keerthi B has requested to joi...	01-16-2024 07:46:38	 
<input type="checkbox"/>	Join Request For Organization.	Keerthi B has requested to joi...	01-16-2024 07:24:47	 
<input type="checkbox"/>	Join Request For Organization.	DataSubmitter Test.1 has reque...	08-07-2023 10:34:38	 

Page number : 1 Previous Next Items per page: 10 Showing - 1-6 / 6

- Click “**close**” to exit out of the information display

Processing complete for file - FakePrescription2026.02.26.dat, Latest status : PROCESSING-FINISHED  
Received on: 02-28-2025 08:00:01

Dear [REDACTED]

Your file submission has been received by the Illinois PDMP. Please review the status of your file submission below.

Summary Report  
File Name : FakePrescription2026.02.26.dat, submitted to Illinois PDMP application is as below.

Transaction Header  
4.2A,11111111,01,20250226,130205,P,

Summary  
Records Received: 3  
Records Accepted: 3  
Total Errors: 0  
Total Warnings: 3  
Total Duplicates: 3  
Total Voided: 0

Close

- Click “**Trash Bin**” icon to delete notification (  )

<input type="checkbox"/>	Title	Description	Received on	Action
<input type="checkbox"/>	Processing complete for file - FakePrescription2026.02.26.dat, Latest status : PROCESSING-FINISHED	Dear Jacqueline DeNardo, Your...	02-28-2025 08:00:01	 

- The below message will appear:
  - o Click **"Yes"** to delete the notification
  - o Click **"Cancel"** to go back to notification screen



- To look up a specific date range of notification enter the dates in **"Date Range"** field
- To look up specific word(s) enter in **"Search"**
  - o Select **"Apply Filter"** when specified date or word inputted
  - o Select **"Reset Filter"** to remove and start again

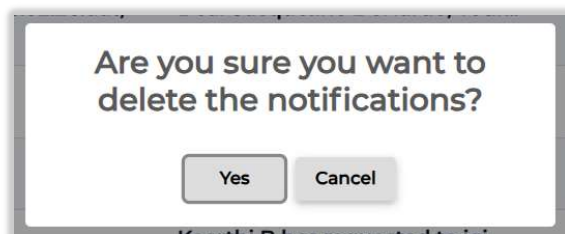
The screenshot shows the "System Notifications" header with a notification count of 1. Below it, there are two tabs: "All Notifications" (5) and "Unread Notifications" (3). There are two input fields: "Date Range" with a calendar icon and a placeholder "MM/DD/YYYY-MM/DD/YYYY", and "Search" with a magnifying glass icon. To the right of these fields are three buttons: "Apply Filter" (blue), "Reset Filter" (gray), and "Delete" (blue).

- To delete multiple notifications, check the box next to the message
- Click **"Delete"**

The screenshot shows the "System Notifications" interface with the "Delete" button circled in green. Below the filters, there is a table with the following columns: Title, Description, Received on, and Action. The table contains five rows of notifications. The first row is highlighted in blue and has its checkbox selected. The second, third, and fourth rows have their checkboxes selected. The fifth row has its checkbox unselected.

	Title	Description	Received on	Action
<input checked="" type="checkbox"/>	Processing complete for file - ERRORFakePrescription2026.02.26.dat, Latest status : PROCESSING-FINISHED	Dear Jacqueline DeNardo, Your...	02-28-2025 07:59:51	<a href="#">i</a> <a href="#">trash</a>
<input type="checkbox"/>	Join Request For Organization.	Keerthi B has requested to joi...	01-16-2024 08:06:26	<a href="#">i</a> <a href="#">trash</a>
<input checked="" type="checkbox"/>	Join Request For Organization.	Keerthi B has requested to joi...	01-16-2024 07:46:38	<a href="#">i</a> <a href="#">trash</a>
<input checked="" type="checkbox"/>	Join Request For Organization.	Keerthi B has requested to joi...	01-16-2024 07:24:47	<a href="#">i</a> <a href="#">trash</a>
<input type="checkbox"/>	Join Request For Organization.	DataSubmitter Test_1 has reque...	08-07-2023 10:34:38	<a href="#">i</a> <a href="#">trash</a>

- The below message will appear to confirm deleting checked notifications
  - o Click **"Yes"** to delete checked notifications
  - o Click **"Cancel"** to go back to notification screen



## 13.3 Messages

Include notifications that reports have completed processing and can be reviewed, password related notifications such as resets and locked accounts, etc.







### 13.3.1 Inbox

- Click “Messages” and below screen will appear
- Click “information” icon to display message (i)

IL PMP System Message


From:  Subject:  Date Range:  Filter  Reset Filter

Inbox Sent Items

From	Subject	Roles	Category	Specialty	Received on	Action
ilmpmqanew@logicoy.com	File Upload History Report. No data foundWed, Feb 26 2025 21:45:17 UTC	NA	NA	NA	02/26/2025 21:45:17	 
ilmpmqanew@logicoy.com	File upload history report. Wed, Feb 26 2025 21:12:10 UTC	NA	NA	NA	02/26/2025 21:12:10	 
ilmpmqanew@logicoy.com	File upload history report. Wed, Feb 26 2025 16:46:35 UTC	NA	NA	NA	02/26/2025 16:46:35	 

- Click “Close” to exit out of information display

File Upload History Report. No data foundWed, Feb 26 2025 21:45:17 UTC

 ilmpmqanew@logicoy.com  
02/26/2025 21:45:17

Role:  Category:  Specialty:

Hi,

We have processed the request for file upload history report. PDMP system could not find any records for the given date range: 01/26/2025 - 02/26/2025.

For questions regarding account registration, account access, data submission, or how to use the system, please email [ilmpmq@logicoy.com](mailto:ilmpmq@logicoy.com) or call (217) 885-2494. **Technical assistance is available Monday - Friday 9 a.m. - 9 p.m. EST.**

For questions regarding the Illinois Prescription Monitoring Program, please email [dhs.pmp@illinois.gov](mailto:dhs.pmp@illinois.gov).

Illinois Prescription Monitoring Program  
[www.ilpmp.org](http://www.ilpmp.org)

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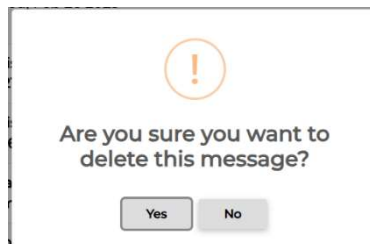
State of Illinois - CONFIDENTIALITY NOTICE: The information contained in this communication is confidential, may be attorney-client privileged or attorney work product, may constitute inside information or internal deliberative staff communication, and is intended only for the use of the addressee. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately by return e-mail and destroy this communication and all copies thereof, including all attachments. Receipt by an unintended recipient does not waive attorney-client privilege, attorney work product privilege, or any other exemption from disclosure.

Attachment files

- Click **“Trash Bin”** to delete message

Inbox		Sent Items				
From	Subject	Roles	Category	Speciality	Received on	Action
ilpmpqanew@logicoy.com	File Upload History Report. No data foundWed, Feb 26 2025 21:45:17 UTC	NA	NA	NA	02/26/2025 21:45:17	

- The below message will appear
  - o Click **“Yes”** to delete the message
  - o Click **“No”** to go back to the message screen



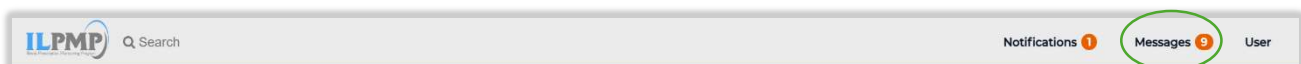
- o To look up a specific message include any of the following:
  - **From**
  - **Subject**
  - **Date Range**
- o Click **“Filter”** when specified information inputted
- o Click **“Reset Filter”** to remove specified information and start over

IL PMP System Message New Message Page Walkthrough

From  Subject  Date Range  Filter ▼ Reset Filter ✕

### 13.3.2 Send a Message

- Click **“Messages”**



- Select **“New Message”**



- The below screen will appear
  - o Include email address in **“Send secure email”**
  - o Include or change subject line **“Message to Team Member”**
  - o Type in message in the box provided
  - o Include a file by selecting **“Choose File”** if applicable
  - o Select **“Sent”** to send the message to the email noted

Compose Message

Send secure email \*

To Test.Email@rxsubmit.com

Message to Team Member

This is an example of a test email that can be sent to the secure email noted.

Choose Files No file chosen

Send

### 13.2.3 Viewing Sent Items

- Select **“Sent Items”** to see what you have sent
- Click the **“Information”** icon to display messages (i)

To	Subject	Roles	Category	Speciality	Sent at	Action
Megan.Conant@illinois.gov	Live Support Test	NA	NA	NA	03/04/2025 17:51:15	(i) [trash icon]
Jacqueline.DeNardo@illinois.gov	Live Support	NA	NA	NA	03/04/2025 17:50:27	(i) [trash icon]

Page number: 1 Previous Next Items per page: 10 Showing 1-2 / 2

- The below screen will appear with sent message information
- Click **“Close”** to exit the information display and return to sent message screen

Live Support Test

03/04/2025 17:51:15

Roles: Category: Speciality:

Message Detail :

This is a test message sent from the RxSubmit tes system

Technical Support Request Requested By User Email : jacqueline.denardo@illinois.gov User name : Jacqueline DeNardo, User Category : Data Submitters, User Role : Submitter On Behalf Of Pharmacy

Attachment files

Close

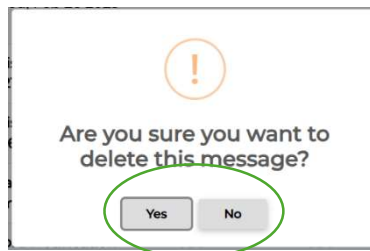
- Click **“Trash Bin”** to delete sent message (🗑️)



To	Subject	Roles	Category	Speciality	Sent at	Action
Megan.Conant@illinois.gov	Live Support Test	NA	NA	NA	03/04/2025 17:51:15	 
Jacqueline.DeNardo@illinois.gov	Live Support	NA	NA	NA	03/04/2025 17:50:27	 

Page number: 1 Previous Next Items per page: 10 Showing 1-2 / 2

- The below message will appear:
  - o Click **“Yes”** to delete the sent message
  - o Click **“No”** to go back to sent message screen



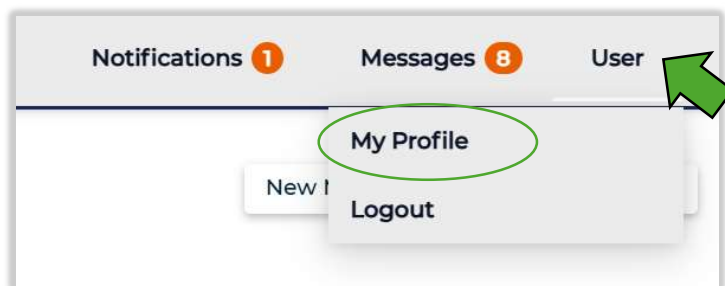
## 14 Profile Management

### 14.1 Synopsis

This section provides guidance on how users manage their profile, change their password/email address, and view previous session's history.

### 14.2 Change Password

- Hover over “User” and a drop-down menu will appear
- Click “My Profile”



- Click “Change Password”

- Enter current password
- Create new password and confirm it
- Click “Update Password”

**Password Requirements:** Minimum of 8 characters, contain one upper case letter, contain one lower case letter, contain one special character (! @ # \$ etc.), contain one number, Maximum of 72 characters.

## 14.3 Change Email

- Click **“Change Email”**

The screenshot shows the 'Profile' page for a user named jacqueline.denardo@illinois.gov. At the top right, there are three buttons: 'Change Password', 'Change Email' (circled in green), and 'Previous Sessions'. Below these are four expandable sections: 'User Demographic Details', 'Id Proof', 'Professional Identity', and 'Employer Details'. An 'Update Details' button is located at the bottom right.

- Enter current password and click **“Confirm”**

This form shows a 'Current Password' input field and a 'Confirm' button (circled in green).

- Enter new email address
- Click **“Send Verification Code”**

This form shows a 'New Email' input field and a 'Send Verification Code' button (circled in green).

- New email received verification code, see example
  - o Click **“Resend Verification Code”** if you do NOT receive

The screenshot shows an email titled 'Public Message > UAT : PDMP login verification'. The header information is as follows:

To	harryil2
From	ilpmp@logicooy.com
Sending	23.249.210.20
IP	
Received	2022-05-31 15:58:20

Below the header are tabs for HTML, JSON, RAW, LINKS, and ATTACHMENTS. The HTML view shows the following text:

Dear User,

Verification code [redacted]

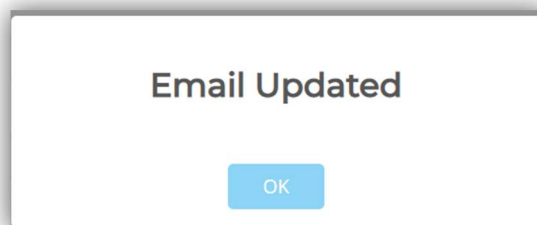
Please note this verification code is valid for next 3 hours only.  
Please do not share this verification code with anyone.  
For technical support, please contact ilpmp@logicooy.com or call (217) 885-2494.

Kind Regards,  
IL PMP

- Enter the verification code into RxSubmit portal
- Click **“Update Email”** and the pop-up below appears

This form shows a 'Verification Code' input field and two buttons: 'Update Email' and 'Resend Verification Code' (both circled in green).

- Click “OK”



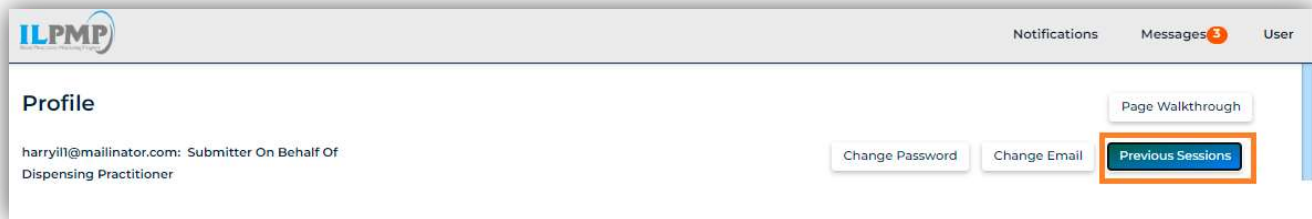
**Note:** Continue to follow steps for updating email after successful receipt of verification code.  
If issue persists, reach out to LogiCoy at [ilpmp@logicoy.com](mailto:ilpmp@logicoy.com) or by phone at (217) 885-2494.

- RxSubmit logs user out
- Sign in using new email address

A screenshot of the RxSubmit login page. At the top, it says "Browsers Supported" followed by icons for Chrome, Firefox, Safari, and Edge. Below this is the ILPMP logo (Illinois Prescription Monitoring Program) and the text "Welcome to RxSubmit. Please login to continue." There are two input fields: "Email address" and "Password". Below these fields is a dark grey "Login" button. At the bottom, there are links for "Register", "Forgot Password?", and "Apply for Data Submission Waiver".

## 14.4 Previous Sessions

- Click “**Previous Sessions**” to view a pop-up of the users’ login history, see example below



Your Previous Session History (Showing latest 50 sessions)

IP Address	Login Time	Browser	Report
null	05/31/2022 10:01:32	GOOGLE_CHROME	<a href="#">Notify support</a>
null	05/30/2022 15:41:22	GOOGLE_CHROME	<a href="#">Notify support</a>
null	05/30/2022 06:02:13	GOOGLE_CHROME	<a href="#">Notify support</a>
null	05/17/2022 13:49:11	MOZILLA_FIREFOX	<a href="#">Notify support</a>
null	05/31/2022 10:01:32	GOOGLE_CHROME	<a href="#">Notify support</a>
null	05/30/2022 15:41:22	GOOGLE_CHROME	<a href="#">Notify support</a>
null	05/30/2022 06:02:13	GOOGLE_CHROME	<a href="#">Notify support</a>
null	05/17/2022 13:49:11	MOZILLA_FIREFOX	<a href="#">Notify support</a>

Close

## 14.5 Updating Demographic and other Information

- Expand any of the available tabs to update information

Profile

jacqueline.denardo@illinois.gov: Submitter On Behalf Of Pharmacy

New Email  [Send Verification Code](#)

[Change Password](#) [Change Email](#) [Previous Sessions](#)

☒ User Demographic Details

☐ Id Proof

☐ Professional Identity

☐ Employer Details

[Update Details](#)

- Update information under the selected tab (example below: Employer Details)
- Once updated click **“Update Details”**

Employer Details

Employer Name \* ILPMP

Employer Address N/A

Employer Zip Code

Employer State

Employer City

Employer Phone Number

Must be in (000) 000-0000 format.

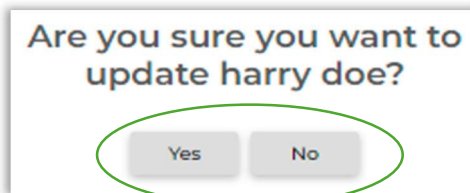
Employer License Number N/A

Employer DEA N/A

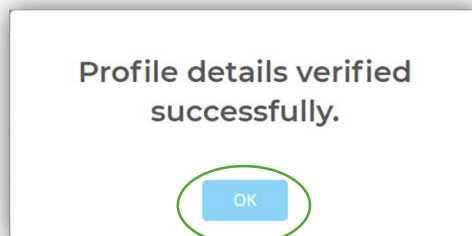
Employer NPI N/A

Update Details

- The below message will appear
  - o Click **“Yes”** to confirm update
  - o Click **“No”** to cancel update



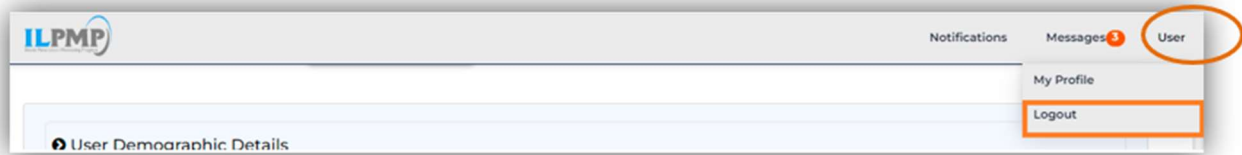
- Click **“OK”** to finalize update



## 15 Logging out of RxSubmit

### 15.1 Logging out

- Hover over “**User**” and a drop box will appear
- Click “**Logout**”



**Note:** To ensure your login credentials (username and password) are not used by an unauthorized individual, you must log out of the application once your session is complete. The system will automatically log the user out if there is no activity within **5 minutes**.

## 16 Data Submission Waiver (Exemption)

### 16.1 Synopsis

This section provides guidance on applying for a data submission waiver. This request should be completed annually if the pharmacy or dispensing practitioner is still meeting requirements of not dispensing Controlled Substance II-V or drugs of interest. Check “**Reasons for Waiver Request**” to ensure you meet the exemption requirements.

### 16.2 Applying for Data Submission Waiver

- Open an internet browser and go to: <https://rxsubmit-il.logicoy.com>
- Click “**Apply for Data Submission Waiver**”

- Fill the form with required information as noted by the asterisk (\*)
- Click “**Save**”
  - o Request is saved in RxSubmit
  - o Email is automatically sent to the user as confirmation of exemption status
- Click “**Reset**” to clear the data and start again

## 17 Assistance and Support

### 17.1 Technical Assistance

If you require technical support for your pharmacy data submissions, please e-mail [ilpmp@logicoy.com](mailto:ilpmp@logicoy.com).

### 17.2 Frequently Asked Questions

Please visit <https://www.ilpmp.org/CDC/faqs.php> to see a list of Frequently Asked Questions.

### 17.3 Administrative Assistance

If you have any questions regarding the Illinois Prescription Monitoring Program, please email [DHS.PMP@illinois.gov](mailto:DHS.PMP@illinois.gov)

## 18 Document Information

### 18.1 Copyright and Trademarks

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### 18.2 Disclaimer

- LogiCoy, LLC and the Illinois Prescription Monitoring Program has made every effort to ensure the accuracy of the information at the time of publishing

### 18.3 Version History

Version History records the publication history of this document.

Publication Date	Version Number	Comments
06/09/2022	1.0	Initial publication
06/28/2022	1.1	ASAP Field Change
01/17/2024	1.1.1	Addition to Gender Code
5/28/2025	2.0	Process and picture updates and transition to ASAP 5.0

## 19 Appendix A: ASAP 5.0 Specifications for Reporting Controlled Substances and Drugs of Interest

The following information is the required definitions for submitting ASAP 5.0 records to ILPMP.

The table lists:

- **Transaction Header:** this is the associated header given in the ASAP 5.0 guideline
- **Element Name:** this is the name given in the ASAP 5.0 guideline
- **Reporting Expectations:** Please review in detail to understand what information to send with the dispensation file
  - **REQUIRED**– must be sent with file submission
  - **SITUATIONAL** – must be submitted if it is linked to a different required field
  - **OPTIONAL** – may be used, and is recommended, but is not required for submitting
  - Not Required – ILPMP does not collect this information, but it will not error if submitted with file
- **Field Attributes:** data type and the number of allowable characters
  - Data Types:
    - **AN** – Alphanumeric
    - **N** – Numeric
    - **DT** – Date
    - **D** – Decimal
    - **TM** – Time
- **Additional Guidance:** this is important to review for understanding what is required and how to properly format a data field for sending.
- Fields highlighted in blue are part of the ASAP 5.0 release.

### ASAP 5.0 Data Fields\*

<u>Transaction Header</u>	<u>Element Name</u>	<u>Reporting Expectations</u>	<u>Field Attributes</u>	<u>Additional Guidance</u>
TH 01	ASAP Version/Release	REQUIRED	AN 4	Must be 5.0
TH 02	Transaction Control Number	REQUIRED	AN 40	File name assigned by the sender

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TH 03	Transaction Type	Not Required	N 2	
TH 04	Response ID	Not Required	AN 40	
TH 05	Creation date	REQUIRED	DT 8	YYYYMMDD
TH 06	Creation time	REQUIRED	TM 7	123001 (Time should be reported in Coordinated Universal Time (UTC) without colons or non-numeric characters)
TH 07	File Type	REQUIRED	AN 1	P= Production/Live File or T = Test File
TH 08	Routing Number/Bin	Not Required		
TH 09	Data Segment Terminator Character	REQUIRED	AN 1	Carriage Return (no line feed) is <i>preferred</i> . Backslash shall not be used.

<u>Information Source</u>	<u>Element Name</u>	<u>Reporting Expectations</u>	<u>Field Attributes</u>	<u>Additional Guidance</u>
IS 01	Unique Information Source ID.	REQUIRED	N 10	Telephone number (including area code) of the file sender (e.g. individual pharmacy OR pharmacy chain headquarters if sending for group of pharmacies). This <i>must be</i> the number of a person/office to whom questions about this file should be referred.
IS 02	Information Source Entity Name	REQUIRED	AN 60	Name of the pharmacy or the entity submitting this file on behalf of the pharmacy
IS 03	Message	REQUIRED	AN 60	#YYYYMMDD#-#YYYYMMDD#
IS 04	Pharmacy Dispensing Software Vendor	OPTIONAL	AN 60	ILPMP prefers to receive this information. Report if available.
IS 05	Phone Number of Software Vendor	OPTIONAL	N 10	ILPMP prefers to receive this information. Report if available.

<u>Dispensing Pharmacy</u>	<u>Element Name</u>	<u>Reporting Expectations</u>	<u>Field Attributes</u>	<u>Additional Guidance</u>
PHA 01	National Provider ID (NPI)	SITUATIONAL	AN 10	Must be provided if the dispenser does not have a DEA number. Must be 10 digits.
PHA 02	NCPDP/NABP Provider ID	Not Required		

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PHA 03	Pharmacy DEA Number	REQUIRED	AN 9	Required for reporting any controlled substance.
PHA 04	Pharmacy Name	REQUIRED	AN 60	This field shall include the name of the pharmacy or dispensing practitioner. Must include the pharmacy's legal name.
PHA 05	Pharmacy Address 1	REQUIRED	AN 55	
PHA 06	Pharmacy Address 2	Not Required		
PHA 07	Pharmacy City Address	REQUIRED	AN 35	
PHA 08	Pharmacy State Address	REQUIRED	AN 2	USPS 2 letter code for the state (e.g. IL)
PHA 09	Pharmacy Zip Code	REQUIRED	AN 9	
PHA 10	Pharmacy Telephone Number, including area code	REQUIRED	N 10	Must include area code.
PHA 11	Contact Name	Not Required		
PHA 12	Chain Site ID	Not Required		
PHA 13	Pharmacy's Permit Number/License Number	OPTIONAL	AN 20	Report if available
PHA 14	Pharmacy/Dispenser Type	REQUIRED	N 2	01 Independent Pharmacy 02 Chain Pharmacy 03 Long-term Care Pharmacy 04 Hospital Pharmacy 05 Opioid Treatment Program 06 Cannabis Dispensary 07 Veterinary/Vet Patient Only Dispenser 08 Dispensing Prescriber 09 Specialty Pharmacy 10 Federal 11 Tribal 99 Other
PHA 15	Mail Order Pharmacy	REQUIRED		01 Yes 02 No

<u>Patient Detail</u>	<u>Element Name</u>	<u>Reporting Expectations</u>	<u>Field Attributes</u>	<u>Additional Guidance</u>
<b>PAT 01</b>	<b>ID Qualifier of Issuing Jurisdiction</b>	<b>SITUATIONAL</b>	<b>AN 2</b>	<b>Must contain the USPS 2 letter code for the state (e.g. IL) if PAT 02 = 02 or 06</b>
<b>PAT 02</b>	<b>ID Qualifier</b>	<b>REQUIRED</b>	<b>N 2</b>	<b>ID Qualifier is used to identify type of ID used:</b> <b>01 Military ID</b> <b>02 State Issued ID</b> <b>03 Unique System ID</b> <b>04 Permanent Resident Card (Green Card)</b> <b>05 Passport ID</b> <b>06 Driver's License ID</b> <b>07 Social Security Number</b> <b>08 Tribal ID</b> <b>11 Medicaid Recipient ID Number</b> <b>99 Other</b> <i>If a patient does not have an ID, please put your pharmacy/dispenser specific patient ID in the 99 Other field.</i>
<b>PAT 03</b>	<b>ID of Patient</b>	<b>REQUIRED</b>	<b>AN 20</b>	<b>Number located on the ID form</b>
<b>PAT 04</b>	Additional ID Qualifier of Issuing Jurisdiction	Not Required		
<b>PAT 05</b>	<b>Additional Patient ID Qualifier</b>	<b>SITUATIONAL</b>	<b>AN 20</b>	<b>Must be used when submitting an LTC RX – Use code '99'</b>
<b>PAT 06</b>	Additional Patient ID	Not Required		
<b>PAT 07</b>	<b>Last Name</b>	<b>REQUIRED</b>	<b>AN 50</b>	<b>Patient Last Name (please review recommendations in the ASAP 5.0 guide)</b>
<b>PAT 08</b>	<b>First Name</b>	<b>REQUIRED</b>	<b>AN 50</b>	<b>Patient First Name (please review recommendations in the ASAP 5.0 guide)</b>
<b>PAT 09</b>	<b>Middle Name</b>	<b>OPTIONAL</b>	<b>AN 30</b>	<b>Provide when available</b>
<b>PAT 10</b>	Name Prefix (if field included in software)	Not Required		
<b>PAT 11</b>	<b>Last Name Suffix (e.g. Jr.)</b>	<b>OPTIONAL</b>	<b>AN 10</b>	<b>Provide if applicable</b>
<b>PAT 12</b>	<b>Address Line 1</b>	<b>REQUIRED</b>	<b>AN 55</b>	<b>If the patient does not have an address, please send Unhoused in this field.</b>
<b>PAT 13</b>	<b>Address Line 2</b>	<b>OPTIONAL</b>	<b>AN 55</b>	<b>Send when applicable</b>

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PAT 14	City	REQUIRED	AN 35	If the patient does not have an address, please send Unhoused in this field.
PAT 15	Jurisdiction/State Address	REQUIRED	AN 2	Must be valid code from ASAP List of Jurisdictions Formerly State (2-digit code)
PAT 16	Zip code	REQUIRED	AN 10	If patient doesn't have an address, enter XXXXX.
PAT 17	Telephone Number	OPTIONAL	N 10	Complete phone number including area code Note: Exclude hyphens
PAT 18	Date of Birth	REQUIRED	DT 8	YYYYMMDD
PAT 19	Gender Code	REQUIRED	AN 1	Code indicating the sex of the patient if required by the PDMP. F Female M Male N Non-Binary U Unknown/Undisclosed X Unspecified/Other
PAT 20	Species Code	OPTIONAL	N 2	When Available
PAT 21	Patient Location Code	SITUATIONAL	N 2	Required for LTC dispensing. Must be reported if PAT 05 = 99. 01 Home 02 Intermediary Care 03 Nursing Home 04 Long-Term/Extended Care 05 Rest Home 06 Boarding Home 07 Skilled-Care Facility 08 Sub-Acute Care Facility 09 Acute-Care Facility 10 Outpatient 11 Hospice 12 Homeless/Unhoused 13 Transient Care 98 Unknown 99 Other
PAT 22	Country of Non-U.S. Resident	Not Required		
PAT 23	Name of Animal	OPTIONAL	AN 30	
PAT 24	Patient Preferred or Alias Last Name	Not Required		
PAT 25	Patient Preferred or Alias First Name	Not Required		

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PAT 26	Patient Race Category	OPTIONAL	N 2	When available
PAT 27	Patient Ethnicity	OPTIONAL	N 2	When available
PAT 28	Veterinary Species Code	OPTIONAL	N 2	When available
PAT 29	Animal Location	Not Required		

<u>Dispensing Record</u>	<u>Element Name</u>	<u>Reporting Expectations</u>	<u>Field Attributes</u>	<u>Additional Guidance</u>
DSP 01	Reporting Status	REQUIRED	N 2	00=New 01=Revised 02=Void
DSP 02	Prescription number	REQUIRED	AN 25	Serial number assigned to the prescription by the pharmacy.
DSP 03	Date written	REQUIRED	DT 8	YYYYMMDD
DSP 04	Refills authorized	REQUIRED	N 4	Put 0 (zero) if there are no refills authorized
DSP 05	Date Filled	REQUIRED	DT 8	YYYYMMDD
DSP 06	Refill number	REQUIRED	N 4	Put 0 (zero) for initial prescription.
DSP 07	Product ID Qualifier	REQUIRED	N 2	Type of product ID contained in DSP08 01 = NDC or 06= Compound if dispensing a compound drug
DSP 8	Product ID– NDC Number	REQUIRED	AN 11	Must be eleven digits (Eleven 9's if compound & use CDI segment)
DSP 09	Quantity dispensed	REQUIRED	D 11	Decimals <i>NOT</i> implied
DSP 10	Day Supply	REQUIRED	N 3	NO DECIMALS
DSP 11	Drug Dosage Units Code	Not Required		
DSP 12	Transmission Form of RX Origin Code	REQUIRED	N 2	When Available 01=Written 02=Telephone 03=Telephone Emergency 04=Fax 05=Electronic 06=Transferred/Forwarded Rx ( <i>CONTINUES ON NEXT PAGE</i> )

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				<b>07=Order (Administered at Prescriber Location)</b> <b>08=Dispensed from a Prescriber Location</b> <b>09=Standing Order/Protocol</b> <b>99=Other</b>
<b>DSP 13</b>	<b>Partial Fill Indicator</b>	<b>REQUIRED</b>	<b>N 2</b>	<b>00=Not Partial</b> <b>01= First Partial fill</b> <b>02 = Second Partial fill, etc.</b>
DSP 14	Pharmacist NPI	Not Required		
DSP 15	Pharmacist State License	Not Required		
<b>DSP 16</b>	<b>Classification Code for Payment Type</b>	<b>REQUIRED</b>	<b>N 2</b>	<b>01=Private/Cash</b> <b>02=Medicaid</b> <b>03=Medicare</b> <b>04=Comm. Ins.</b> <b>05=Military/VA</b> <b>06=Workers Comp.</b> <b>07=Indian Nations</b> <b>99=Other</b>
<b>DSP 17</b>	<b>Date Sold</b>	<b>OPTIONAL</b>	<b>DT 8</b>	<b>When Applicable YYYYMMDD</b>
DSP 18	Rx Norm Qualifier	Not Required		
DSP 19	Rx Norm Code	Not Required		
DSP 20	Elec. Rx Reference #	Not Required		
DSP 21	Elec. Rx Order #	Not Required		
<b>DSP 22</b>	<b>Quantity Prescribed</b>	<b>REQUIRED</b>	<b>D 11</b>	<b>This field can clarify the value reported in DSP13 Partial Fill Indicator.</b>
<b>DSP 23</b>	<b>Rx SIG</b>	<b>OPTIONAL</b>	<b>AN 200</b>	<b>Provide when Available</b>
<b>DSP 24</b>	<b>Opioid Treatment Type</b>	<b>OPTIONAL</b>	<b>N 2</b>	<b>Provide if available. This field is used to explain the reason for an opioid prescription.</b> <b>If the prescription is not for an opioid, then this field would not be used.</b> <b>01 = Not Used for Opioid Dependency Treatment</b> <b>02 = Used for Opioid Dependency Treatment</b> <b>03 = Pain Associated with Active and Aftercare Cancer Treatment</b> <b>04 = Palliative Care in Conjunction with Serious Illness</b> <b>05 = End-of-Life and Hospice Care</b> <b>06 = A Pregnant Individual with a Pre-existing Prescription for Opioids (CONTINUES ON NEXT PAGE)</b>

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				<b>07 = Acute Pain for an Individual with an Existing Opioid Prescription for Chronic Pain</b> <b>08 = Individuals Pursuing an Active Taper of Opioid Medications</b> <b>09 = Patient is Participating in a Pain Management Contract</b> <b>10 = Acute Opioid Therapy</b> <b>11 = Chronic Opioid Therapy</b> <b>99 = Other</b>
<b>DSP 25</b>	<b>Diagnosis Code</b>	<b>OPTIONAL</b>	<b>AN 7</b>	Provide if available. This field is used to report the ICD-10 code. If provided, this field would be populated only when the ICD-10 code is included with the prescription. <b>Exclude the decimal point.</b>
DSP 26	Time Written	Not Required		
DSP 27	Time Filled	Not Required		
DSP 28	Time Sold	Not Required		
<b>DSP 29</b>	<b>Total Quantity Remaining on Prescription</b>	<b>REQUIRED</b>	<b>D 11</b>	Identifies the unit of measure for the total quantity remaining for the prescription after the current dispense in metric decimal format. Example: 2.5. Note: For compounding show the first quantity in CDI04. See Appendix B for specific instructions.
<b>DSP 30</b>	<b>Total Quantity Remaining Drug Dosage Units Code</b>	<b>REQUIRED</b>	<b>N 2</b>	Identifies the unit of measure for the quantity remaining in DSP29. See Appendix B for specific instructions. 01=Each (used to report solid dosage units or indivisible package) 02=Milliliters (ml) (for liters adjust to the decimal milliliter equivalent) 03=Grams (gm) (for milligrams adjust to the decimal gram equivalent)
<b>DSP 31</b>	<b>Discount Card</b>	<b>SITUATIONAL</b>	<b>N 2</b>	Identifies whether the type of payment occurred using a local or national discount card if the PDMP requires payment DSP16. Required if classification payment code is 01 (Private Pay) or 04 (Commercial Insurance) used in DSP16. 01=Yes 02=No

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DSP 32	Classification Code for Additional Payment Type	OPTIONAL	N 2	Provide if available Code identifying the type of payment, i.e., how it was paid for, if required by the PDMP. 01=Private Pay (Cash, Charge, Credit Card) 02=Medicaid 03=Medicare 04=Commercial Insurance 05=Military Installations and VA 06=Workers' Compensation 07=Indian Nations 99=Other
DSP 33	Discount Card for Additional Payment Type	Not Required		
DSP 34	DEA Schedule/State Designation	REQUIRED	N 2	State or federal control level or other reporting designation. 01=Cannabis and Cannabis Extract 02=State or DEA Schedule 2 03=State or DEA Schedule 3 04=State or DEA Schedule 4 05=State or DEA Schedule 5 06=State Designated Other Controlled Substance or Drug of Concern 07=CBD 99=Legend or Non-Controlled Substances
DSP 35	Last Name or Initials of Pharmacist Filling the Prescription	OPTIONAL	AN 50	Provide if available
DSP 36	First Name of Pharmacist Filling the Prescription	OPTIONAL	AN 50	Provide if available

<u>Prescriber</u>	<u>Element Name</u>	<u>Reporting Expectations</u>	<u>Field Attributes</u>	<u>Additional Guidance</u>
PRE 01	Prescriber NPI	REQUIRED	AN 10	Must populate with the Prescriber NPI. If the prescriber does not have an NPI, it is recommended to populate PRE01 with the 10- digit Prescriber Phone Number (PRE08).
PRE 02	Prescriber DEA	SITUATIONAL	AN 9	Required to provide a valid DEA if the medication is a controlled substance.
PRE 03	Prescriber DEA Suffix	SITUATIONAL	AN 7	Provide if an institutional DEA is used in PRE02

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PRE 04	Prescriber State License Number	OPTIONAL	AN 20	Provide if available
PRE 05	Last Name	REQUIRED	AN 50	
PRE 06	First Name	REQUIRED	AN 50	
PRE 07	Middle Name	Not Required		
PRE 08	Prescriber Telephone	REQUIRED	N 10	Must populate with the ten-digit phone number.
PRE 09	XDEA Number	Not Required		Decommissioned
PRE 10	Jurisdiction or State Issuing Prescriber License Number	SITUATIONAL	AN 2	If a state license is provided in PRE 04, then a state code must be provided.
PRE 11	Prescriber Address Information – 1	OPTIONAL	AN 55	Provide if available
PRE 12	Prescriber Address Information – 2	OPTIONAL	AN 55	Provide if available
PRE 13	Prescriber City Address	OPTIONAL	AN 35	Provide if available
PRE 14	Prescriber State Address	OPTIONAL	AN 2	Provide if available
PRE 15	Prescriber Zip Code	OPTIONAL	AN 10	Provide if available

<u>Comp. Drug Ingredient</u>	<u>Element Name</u>	<u>Reporting Expectations</u>	<u>Field Attributes</u>	<u>Additional Guidance (IF APPLICABLE)</u>
CDI 01	Compounded ingredient Sequence Number	SITUATIONAL	N 2	Values should be between 00-99. Required if DSP 07 = 06 for a compound drug
CDI 02	Product ID Qualifier	SITUATIONAL	N 2	01=NDC
CDI 03	Compound Ingredient Product ID	SITUATIONAL	AN 16	Eleven Digit NDC Number
CDI 04	Compound Ingredient Product Qty	SITUATIONAL	D 11	Decimals NOT implied
CDI 05	Compound Drug Dosage Units Code	Not Required		
CDI 06	DEA Schedule/State Designation of Each Ingredient	Not Required		

<b><u>Additional Information Reporting</u></b>	<b><u>Element Name</u></b>	<b><u>Reporting Expectations</u></b>	<b><u>Field Attributes</u></b>	<b><u>Additional Guidance</u></b>
AIR 01	State Issuing Rx Serial Number	Not Required		
AIR 02	Jurisdiction Issued Rx Serial Number	Not Required		
AIR 03	Jurisdiction Issuing ID of Person Picking up Rx	Not Required		
AIR 04	ID Qualifier of Person Picking up Rx	Not Required		
AIR 05	ID of Person Picking Up Rx	Not Required		
AIR 06	Relationship of Person Picking Up Rx	Not Required		
AIR 07	Last Name of Person Picking Up	Not Required		
AIR 08	First Name of Person Picking Up	Not Required		
AIR 09	Last Name or Initials of Pharmacist	Not Required		Decommissioned
AIR 10	First Name of Pharmacist	Not Required		Decommissioned
AIR 11	Dropping Off/Picking Up Identifier Qualifier	Not Required		Decommissioned
AIR 12	Date of Birth of Person Picking Rx	Not Required		
AIR 13	Address Information – 1 of Person Picking Up Rx	Not Required		
AIR 14	Address Information – 2 Person Picking Up Rx	Not Required		
AIR 15	Person Picking Up City Address	Not Required		
AIR 16	Person Picking Up State Address	Not Required		
AIR 17	Person Picking Up ZIP Code Address	Not Required		
AIR 18	Phone Number of Person Picking Up Rx	Not Required		
AIR 19	Picking Up Method of Delivery	Not Required		

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AIR 20	Jurisdiction Issuing ID of Person Dropping off Rx	Not Required		
AIR 21	ID Qualifier of Person Dropping Off Rx	Not Required		
AIR 22	ID of Person Dropping off Rx	Not Required		
AIR 23	Relationship of Person Dropping Off Rx	Not Required		
AIR 24	Last Name of Person Dropping off Rx	Not Required		
AIR 25	First Name of Person Dropping off Rx	Not Required		
AIR 26	Date of Birth of Person Dropping off Rx	Not Required		
AIR 27	Address Information – 1 of Person Dropping off Rx	Not Required		
AIR 28	Address Information – 2 of Person Dropping off Rx	Not Required		
AIR 29	Person Dropping Off City Address	Not Required		
AIR 30	Person Dropping off State Address	Not Required		
AIR 31	Person Dropping off ZIP Code Address	Not Required		
AIR 32	Phone Number of Person Dropping Off Rx	Not Required		

<u>Pharmacy Trailer</u>	<u>Element Name</u>	<u>Reporting Expectations</u>	<u>Field Attributes</u>	<u>Additional Guidance</u>
TP 01	Detail Segment	REQUIRED	N 10	Number of Detail Segments for the Pharmacy

<u>Transaction Set Trailer</u>	<u>Element Name</u>	<u>Reporting Expectations</u>	<u>Field Attributes</u>	<u>Additional Guidance</u>
TT 01	Transaction Set Control Number	REQUIRED	AN 40	
TT 02	Segment Count	REQUIRED	AN 12	

## 20 Appendix B: ASAP Zero Report Specifications

The following information table contains the required definitions for submitting Zero Reports via sFTP or manual upload to ILPMP.

For more details regarding these Segment or Elements IDs or to report actual dispensations, please refer to section, [Appendix A – ASAP 5.0 Specifications](#).

<b><u>TH – Transaction Header - Required</u></b>	<b><u>Element Name</u></b>	<b><u>Reporting Expectation</u></b>	<b><u>Additional Guidance</u></b>
TH01		REQUIRED	Must be 5.0
TH02		REQUIRED	For example: 123456
TH03		REQUIRED	
TH05		REQUIRED	CCYYMMDD (20200101)
TH06		REQUIRED	HMMSS (223000)
TH07		REQUIRED	P for Production submission T for Test submission
TH09		REQUIRED	For example: \

<b><u>IS – Information Source – Required</u></b>	<b><u>Element Name</u></b>	<b><u>Reporting Expectation</u></b>	<b><u>Additional Guidance</u></b>
IS03		REQUIRED	In your zero report, indicate the date range for the zero report in the following format: #YYYYMMDD#-#YYYYMMDD# Single day = #20250327#-#20250327# Multiple days = #20250325#-#20250327#

<b><u>PHA – Pharmacy Header – Required</u></b>	<b><u>Element Name</u></b>	<b><u>Reporting Expectation</u></b>	<b><u>Additional Guidance</u></b>
PHA03	Pharmacy DEA Number	REQUIRED	
PAT			
PAT07		REQUIRED	The patient's last name will always be Report
PAT08		REQUIRED	The patient's first name will always be Zero

<u>DSP – Dispensing Record – Required</u>	<u>Element Name</u>	<u>Reporting Expectation</u>	<u>Additional Guidance</u>
DSP05		REQUIRED	Date reported CCYYMMDD

<u>TP – Pharmacy Trailer – Required</u>	<u>Element Name</u>	<u>Reporting Expectation</u>	<u>Additional Guidance</u>
TP01		REQUIRED	7

<u>TT – Transaction Trailer – Required</u>	<u>Element Name</u>	<u>Reporting Expectation</u>	<u>Additional Guidance</u>
TT01		REQUIRED	
TT02		REQUIRED	

BELOW (next page) is an example of a Zero Report:

```

TH*5.0*0000*01**20250328*163811*P**
IS*7705555555*PHARMACY NAME*#20150101#-#20150107#
PHA***fk4583034
PAT*****REPORT*ZERO*****
DSP*****20250328*****
PRE*
CDI*
AIR*
TP*7
TT*0000*10
  
```