Illinois Data Submitter's Guide

RxSubmit

September 2025 Revision

2025 ILPMP Submitter Guide Updates

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 and/or DHS.DBHR.PharmacyCompliance@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/WARNING 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

Error vs. Warning – both must be corrected within 7-days of discovery
   Error – prescription will not process (not viewable on the ILPMP database) and needs to be corrected within 7-days of notification.
   Warning – is an error but the prescription will process (viewable on the ILPMP database). The prescription is not in compliance with ILPMP ASAP reporting guidelines for submission and needs to be corrected within 7-days of notification.

ASAP 5.0 UPDATES

Starting July 1st, 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 16th, 2025.

You **must successfully submit** a test file in the testing database, RxSubmit UAT, prior to submitting in the live environment. Reach out to ilpmp@logicoy.com to obtain a transition checklist.
Do **not** send ASAP 5.0 format in live RxSubmit database until your files are cleared by LogiCoy.

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

- Data Types:
  - o **AN** – Alphanumeric
  - o **N** – Numeric
  - o **DT** – Date
  - o **D** – Decimal
  - o **TM** – Time

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 17 Patient Telephone Number (Not used by ILPMP) (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)

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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)
- DSP 34 DEA Schedule/State Designation (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 23 Name of Animal (OPTIONAL)
- PAT 26 Patient Race Category (OPTIONAL)
- PAT 27 Patient Ethnicity (OPTIONAL)
- PAT 28 Veterinary Species Code (OPTIONAL)
- DSP 29 Total Quantity Remailing on Prescription (OPTIONAL)
- DSP 30 Total Quantity Remailing Drug Dosage Units 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)

Table of Contents

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:
  - Configuring an sFTP account
  - Using the RxSubmit web portal to upload a file
  - Using the UCF (Universal Claims Form) or Manual Entry Form
  - 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 by June 30th of the following year using RxSubmit to attest no Scheduled II-V or selected drugs of interested 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
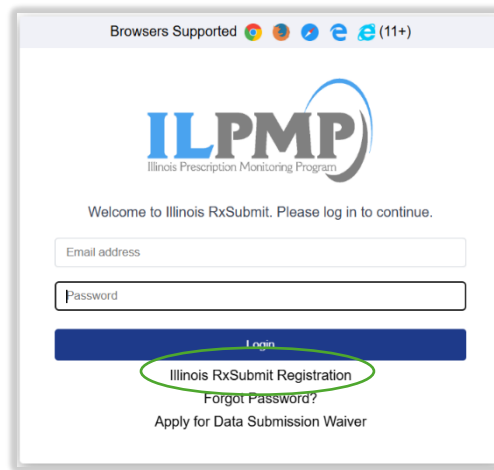
2 Accessing RxSubmit

2.1 Synopsis

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

> **Note:** 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

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

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

- Complete the required Basic Information with the asterisk (*)
    - o 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.

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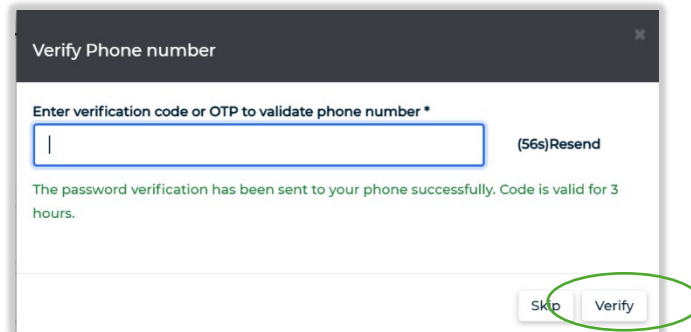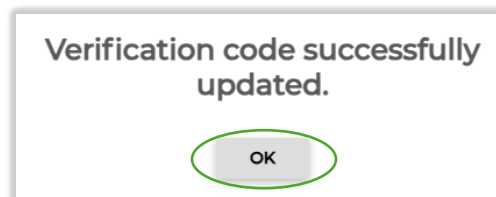
o   User receives the verification code to the cell phone number provided
o   Enter the verification code received to the cell phone number and click "**Verify**"
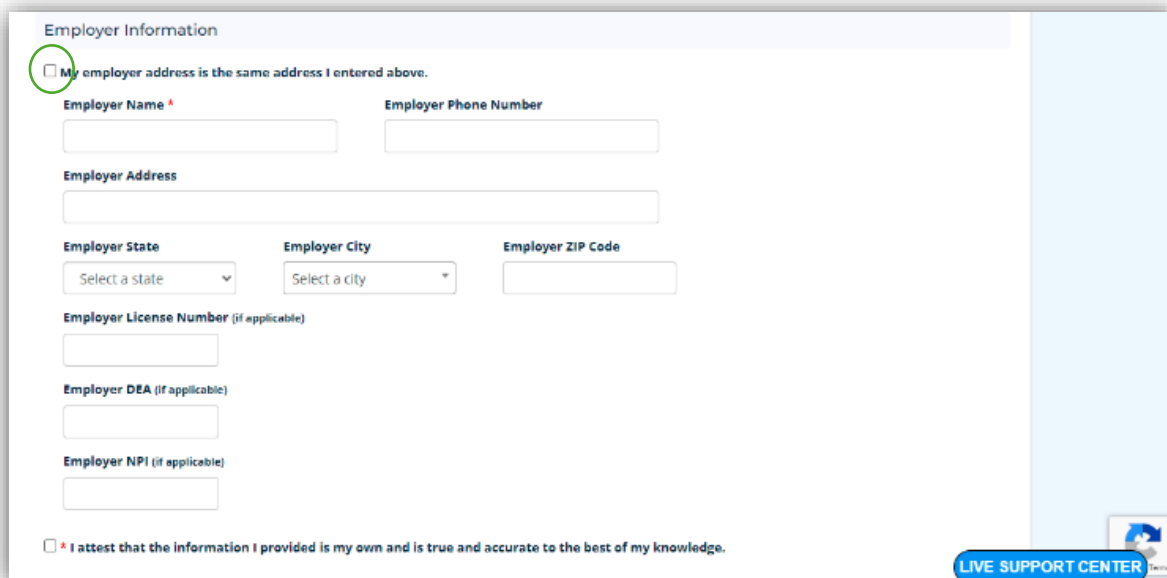
o   If the verification code is successful, the user receives a success message
o   Click "**OK**"

Note: If the verification code was not successful, contact the LogiCoy support team by emailing at ilpmp@logicoy.com.

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

- Check the attestation, if applicable, and click "**Submit**"

☐ * I 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

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

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?**
  - o 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?**
  - o 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?**
  - o Reference Rule 2080.100 Dispenser Responsibility

- **What if I am a new submitter for a pharmacy or dispensing practitioner?**
  - o Create an RxSubmit account.

- **What if I take over the submitter role for a pharmacy or dispensing practitioner?**
  - o Create an RxSubmit account, if you do not have one.
  - o 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.
  - o 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.
  - o If you are unaware if the pharmacy was submitting through sFPT account, reach out to LogiCoy by emailing ilpmp@logicoy.com to verify previous submissions.

- **What if I have multiple pharmacies to submit for?**
  - o Create an RxSubmit account or update existing to pharmacy DEA
  - o Submit the prescriptions for all DEAs you are submitting for, and the system will sort and file appropriately.

- **What if I have multiple dispensing practitioners at my practice?**
  - o Each dispensing practitioner acts as their own "pharmacy" and submits their own dispensations in RxSubmit
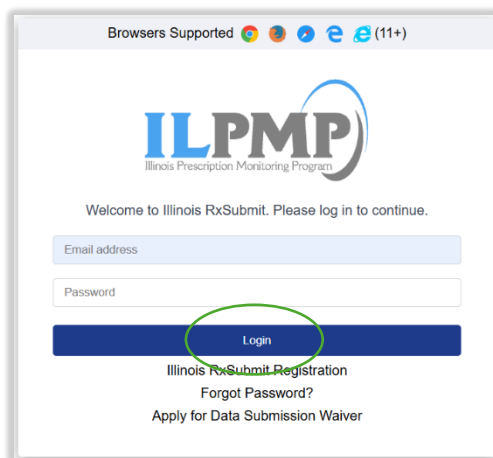 - o Create an RxSubmit account and submit individually

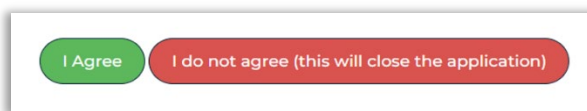# 3 Logging into RxSubmit

3.1 Synopsis

This section provides guidance on logging into RxSubmit.
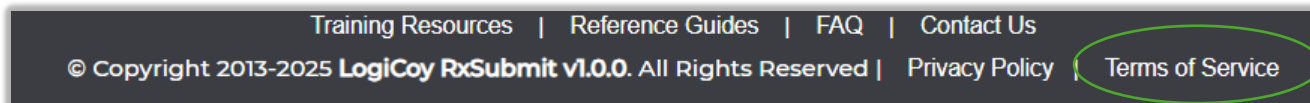
3.2 Logging into RxSubmit with New Credentials

- Open an internet browser and navigate to: https://rxsubmit-il.logicoy.com
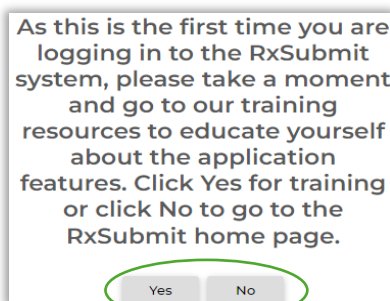- Enter username and password
- Click "**Login**"

- First-time users are prompted to agree to the Terms of Service of the RxSubmit
    - ○ Click "**I Agree**" to continue
    - ○ 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
    - ○ Click "**Yes**" to locate training resources
    - ○ Click "**No**" to go to the home page
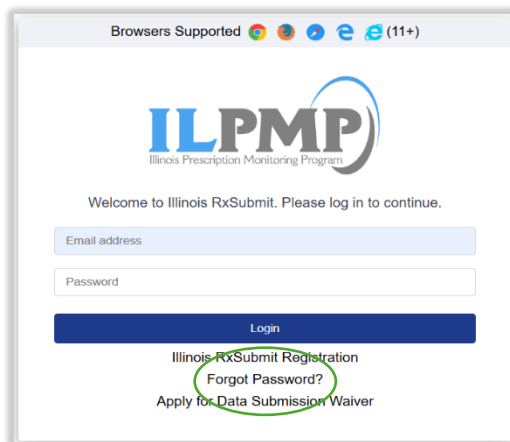
4 Forgot Password
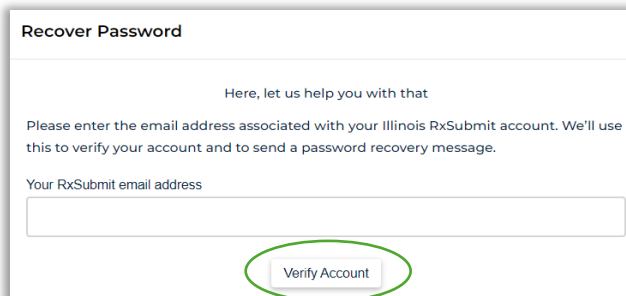
> **Note**: Please note that after five (5) unsuccessful login attempts, the user account is locked. The user must contact support to unlock the account, they can be reached by e-mail at **ilpmp@logicoy.com**.

4.1 Email preferred password reset
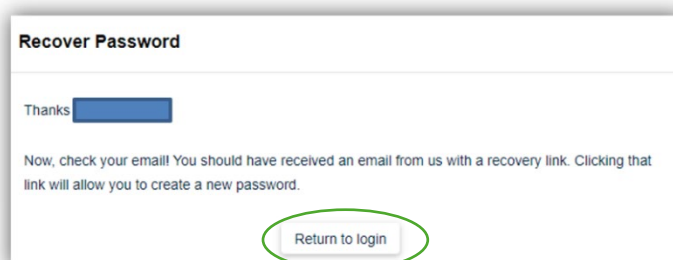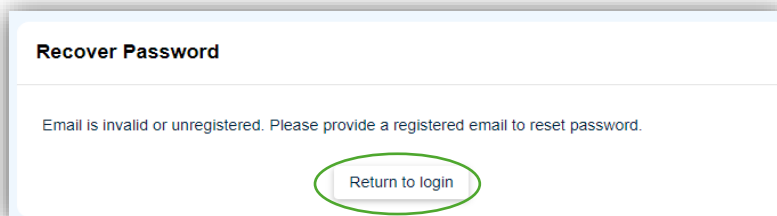
- Click "**Forgot Password**" to reset password

- Enter your registered RxSubmit email address and click "**Verify Account**"
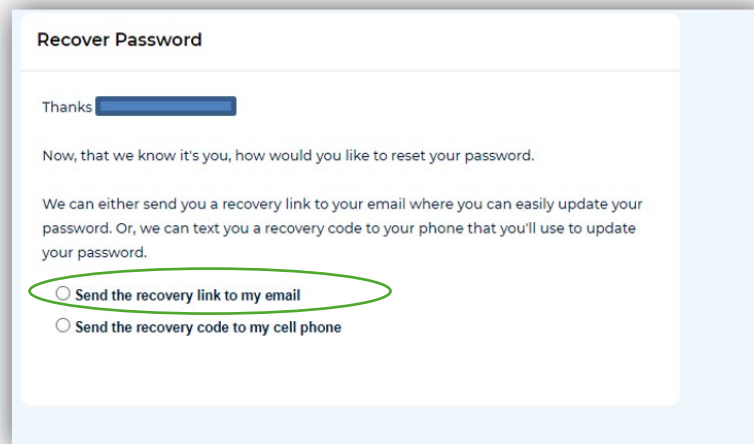
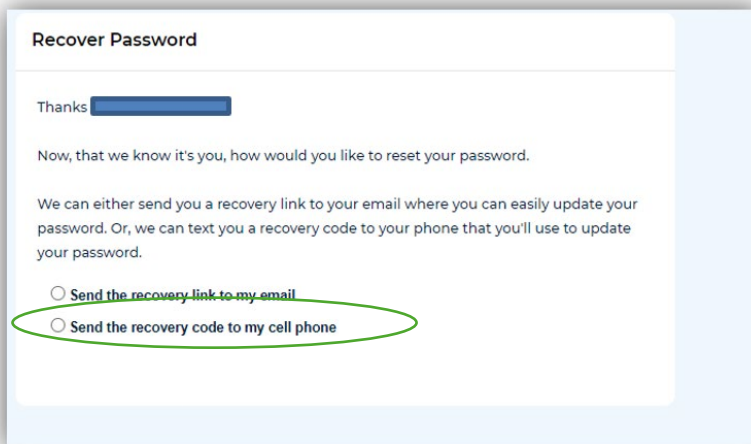- If a <u>valid</u> email address is entered, the below message will display, click "**Return to login**"
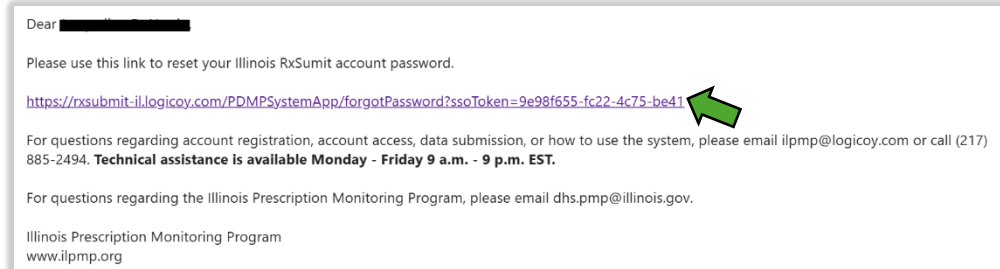
- If an <u>invalid</u> email address is entered, the below message will display (need to start again), click "**Return to login**"
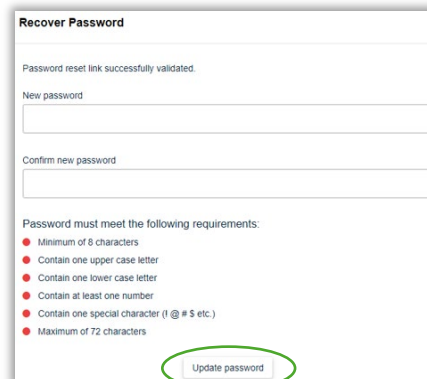
- Select "**Send the recovery link to my email**"
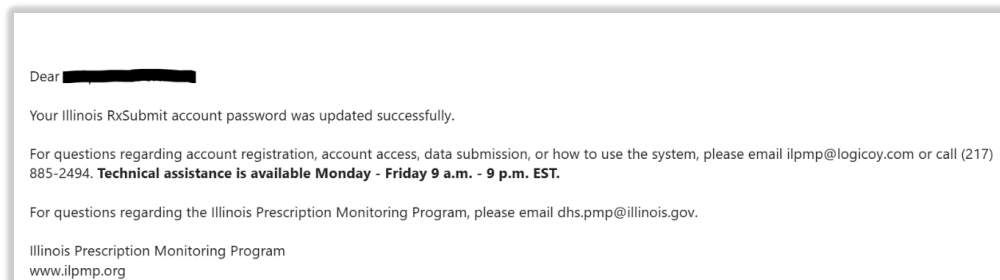
- The registered email address receives the password reset email
- Click the link sent in the email to be redirected to RxSubmit to reset password

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

- 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 <u>valid</u> email address is entered, the below message will display, click "**Return to login**"

- If an <u>invalid</u> 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)*
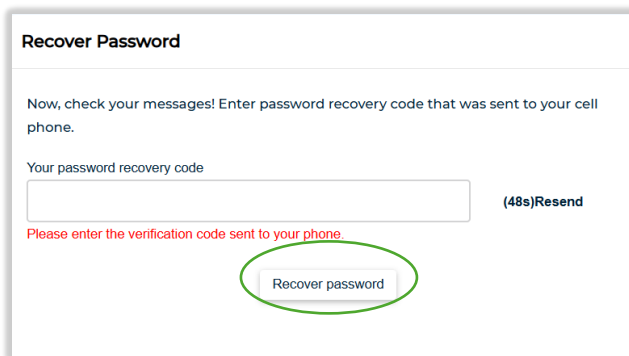
- The below message will appear, click "**OK**"

- Type in verification code received
- Click "**Recover password**"

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

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- Click "**Return to login**"

Recover Password

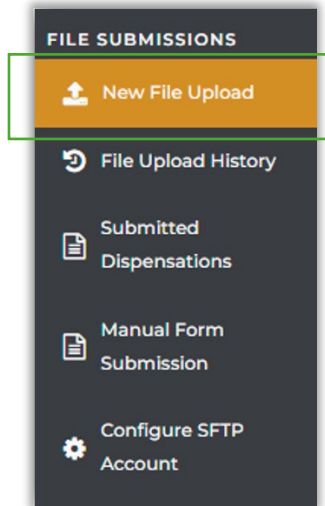Password reset successful. You can now login with your new password.

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

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

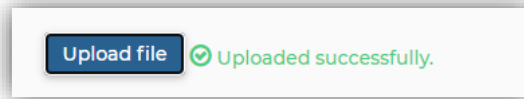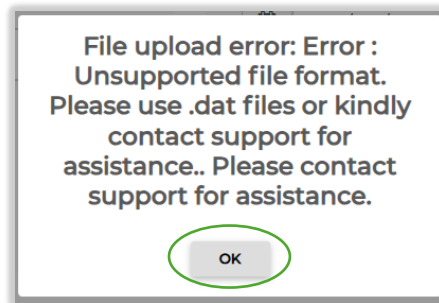- The status of the file is viewable
  - o Example below: file was processed successfully

  - 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 4th of July holiday; the data submitter can log into RxSubmit and submit a future Zero Report for July 4th 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**"
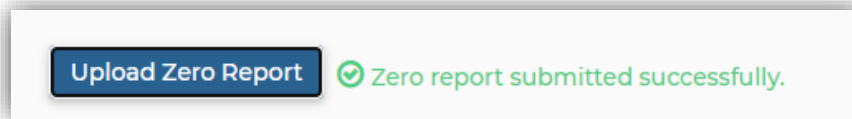

- A pop-up appears for attestation
- Click "**Yes**" to submit the zero report
- Click "**No**" to return to the previous screen

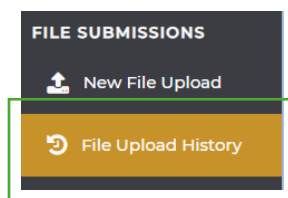- The below confirmation message appears

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
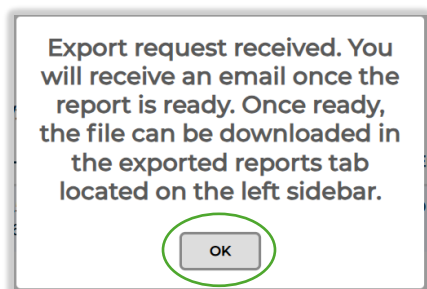 - o Click "**Reset Search**" to clear search fields

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

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

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)

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 Correcting Warnings in Successfully Processed File

- Click on "**Action**" and a drop box will appear
- Select "**Edit File Records**"

- A new screen will appear
- 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 has an error but does not stop the processing of a file.

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- o **Void** – removes the record from the patient and prescriber profiles but NOT from the submitter profile or entirely from RxSubmit
- Click **"Edit"**

- Follow **7.5.3 Manual Error/Warning Correction Example** to complete the correction

Note: Warning/Error corrections can be submitted by:
- o Manual corrections in RxSubmit
- o Uploading a correction file through New File Upload
- o Retransmitting a corrected sFTP transfer

If you need further assistance, please reach out to LogiCoy at **ilpmp@logicoy.com**.

7.3.2 Download Acknowledgement

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

- The file will automatically download to your computer

- Below is an example of the file

7.3.3 Download Summary Report

- Select "**Action**"
- Select "**Download Summary Report**"

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

7.3.4 Download detail report

- Select **"Action"**
- Select **"Download Detail Report"**

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

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7.4 Voiding a Prescription

- Follow steps in **7.2 Checking File Upload History** to get to the below picture
- Click on "**Action**" and a drop box will appear
- Select "**Edit File Records**"

- A new screen will appear
- Click on "**Action**" and a drop box will appear
- Click **"Void"** – removes the record from the patient and prescriber profiles but NOT from the submitter profile or entirely from RxSubmit

- **DSP Reporting Status** will show as **02** (Void)

- Scroll to bottom

- Add a reason for voiding
- Add comment, if necessary
- Click **"Void"** to void
- Click **"Cancel"** to cancel void
- Click **"Close"** to close window

7.5 Error and Warning Corrections

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

7.5.1 Edit File Record (Correcting Errors)

- Follow steps in **7.2 Checking File Upload History** to get to the below picture
- Click "**Edit file records**"

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

Note: Error/Warning corrections can be submitted by:
- o Manual corrections in RxSubmit
- o Uploading a correction file through New File Upload
- o Retransmitting a corrected sFTP transfer

If you need further assistance, please reach out to LogiCoy at **ilpmp@logicoy.com**.

7.5.2 Error Details

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

7.5.3 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
- Scroll through details to see the exact error in question
- Close this screen

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

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

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

- 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.

❯ 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

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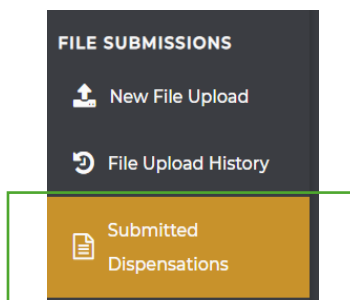
- Enter available data and click "**Search**"
    - o If you want to clear the search to start over, click "**Reset Search**"

- Click "**Action**" next to a prescription to display the drop-down menu
  - o **More Details** – displays a pop-up with additional information such as Pharmacy DEA, Pharmacy Name, etc.
  - o **History** – shows all history associated with a file
  - o **Edit** – edits the file details in the pop-up window that appears
  - o **Delete** – delete the record from RxSubmit *(a file is never fully deleted from the database)*

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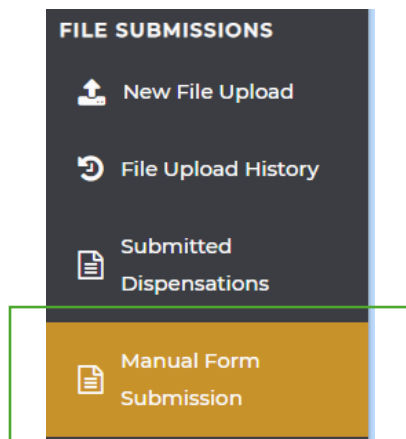
- There are multiple sections that need to be completed to submit
- **Patient Information:** complete the information fields with the asterisk (*)

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

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

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

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

- 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**

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

- Click "**Add New Prescription**" to add another prescription

- Click "**Submit**" to submit prescription

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** 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
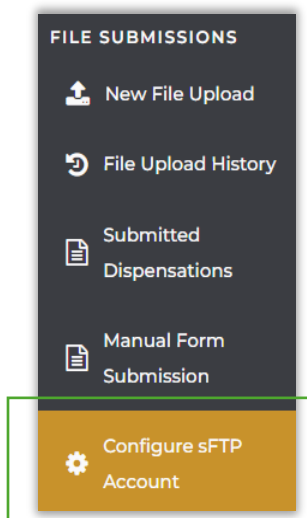
- Click "**Create you sFTP Account**" to create a username and password
- A pop-up message will display the status of the sFTP account creation
  - o The sFTP account information is always available to the user
- Click "**Create New sFTP Account**" to change your sFTP credentials
  - o This will overwrite the existing sFTP credentials

Manage sFTP Account

Create New sFTP Account   Page Walkthrough

sFTP Account Details

Param Singh
Username: testelone123123
Hostname: 52.15.115.105
Directory: /incoming

Manage sFTP Account

sFTP Account Setup

On behalf of user name (Editable Only for Admin)

Enter dispenser registered email address

Create your sFTP username

For example : johnsftpuser

* sFTP username can contain only letters (a-z or A-Z) or numbers (0-9).

Create your sFTP password

Password

Confirm your sFTP password

Confirm password

Cancel   Create your sFTP Account

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

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

Creating a new sFTP account involves overwriting your current sFTP account credentials. Do you want to continue?

Cancel   Continue

- Create new credentials as before
- Configuration Credentials:
  - o sFTP Hostname: ilsftp.logicoy.com OR the Host IP is: 52.15.115.105

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o   sFTP port number is 22

o   sFTP credentials are sent via secure email to your RxSubmit registered email address
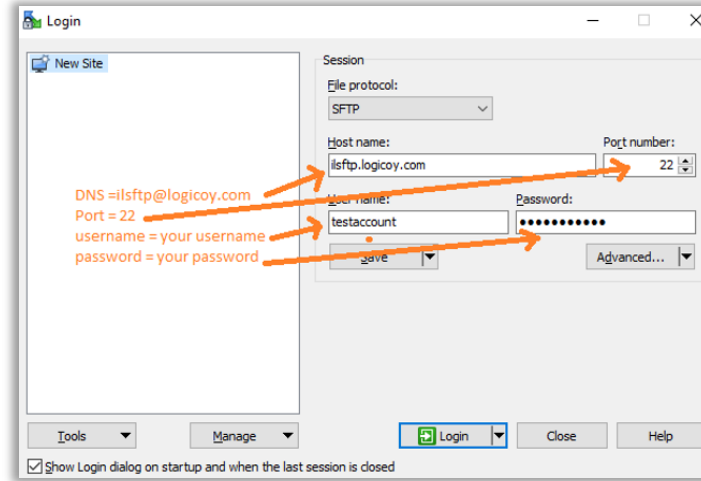
Note: The above picture shows credentials used to set up the sFTP account in the sFTP tool such as FileZilla or WinSCP.

o   sFTP account is ready to use once set up
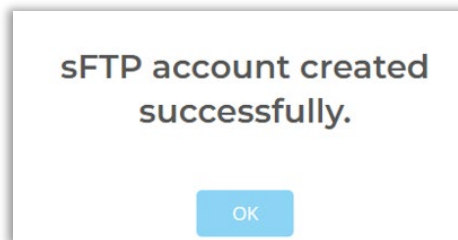
Note: If you have a firewall, whitelist IP 52.15.115.105. For more assistance, please contact your IT department.

10.2.2 Public Key Authentication Using SSH Key Commands

- SSH key authentication is supported through RxSubmit
- **Supported Key Types:**
    - o SSH-2 RSA 2048bit length
- **Unsupported Key Types:**
    - o The keys SSH-1 RSA and SSH-2 DSA
- Use any sFTP client
- Open command prompt
- Enter command "**ssh-keygen**"
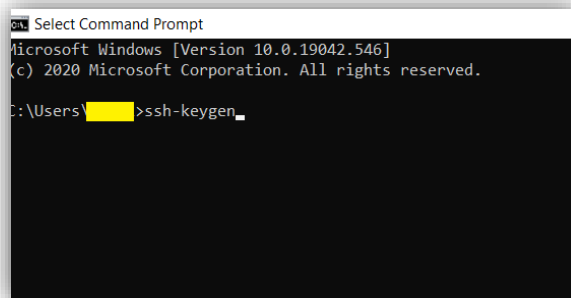
- o This command helps in creating 2 sets of keys (Private and Public)
- o The Public Key is shared with RxSubmit while the user retains the Private Key
- Press "**Enter**" on the keyboard

- Provide the Windows path to save the key pair

- Press "**Enter**" for the passphrase
- Press "**Enter**" again to confirm the passphrase

- The Private and Public keys have been created successfully

- Rename Public keys
    - "**pki.pub**" to "**authorized_keys**"
    - "**PKI**" to "**sFTP_privatekey.pem**"
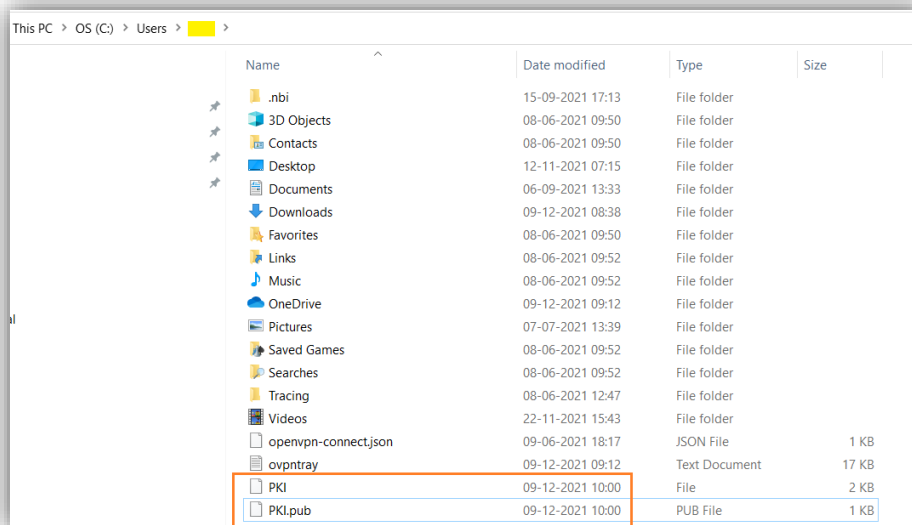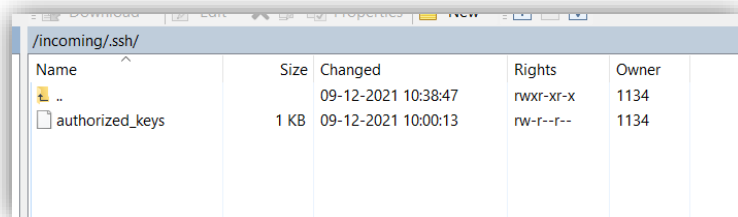
- o Log into sFTP client and click "**Advanced**"
- o Enter the path to the generated Private key
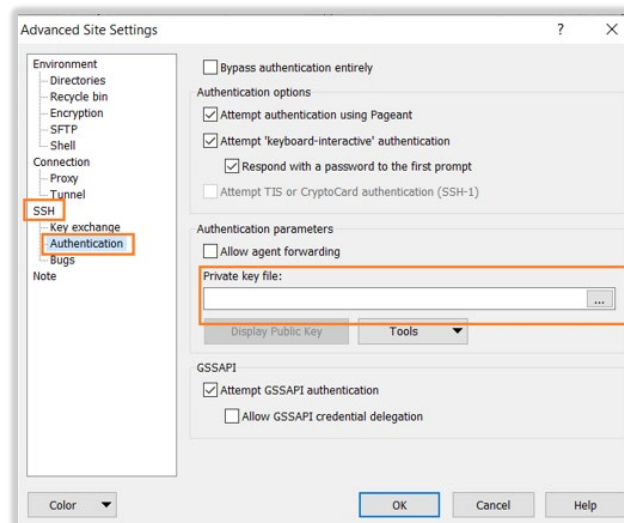
- o Click "**OK**"
- o Click "**OK**" on the confirmation pop-up
- o Enter your credentials and click "**Login**" on the sFTP client
- o Enter the "**/incoming**" folder
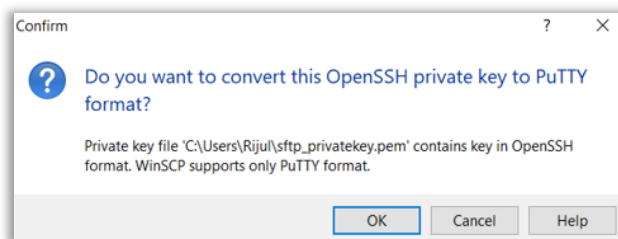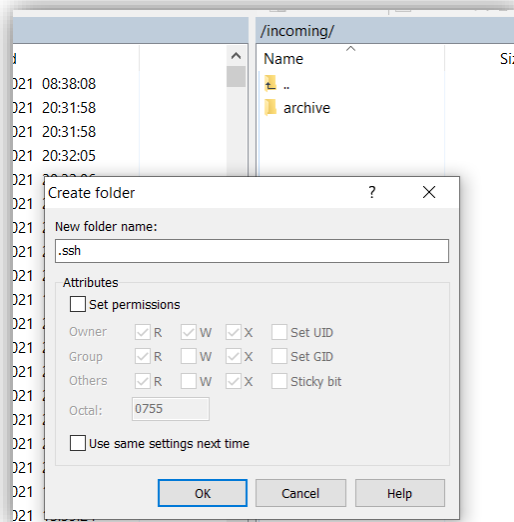
o Create a .ssh subfolder in the home directory of the sFTP account
o Transfer the "**authorized_keys**" file into the **.ssh subfolder**
o The Public key is matched to the private key, which allows you to log in without entering the password

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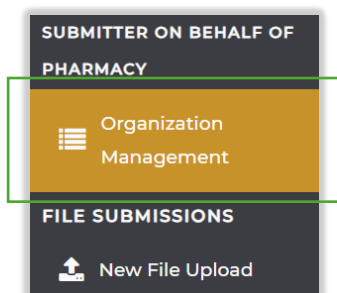
- Click "**Add RxSubmit User to My Team**" to link or send out requests to other RxSubmit users
- Enter the user's RxSubmit email in the pop-up that appears (this is required for linking)
- Click "**Send Request**"
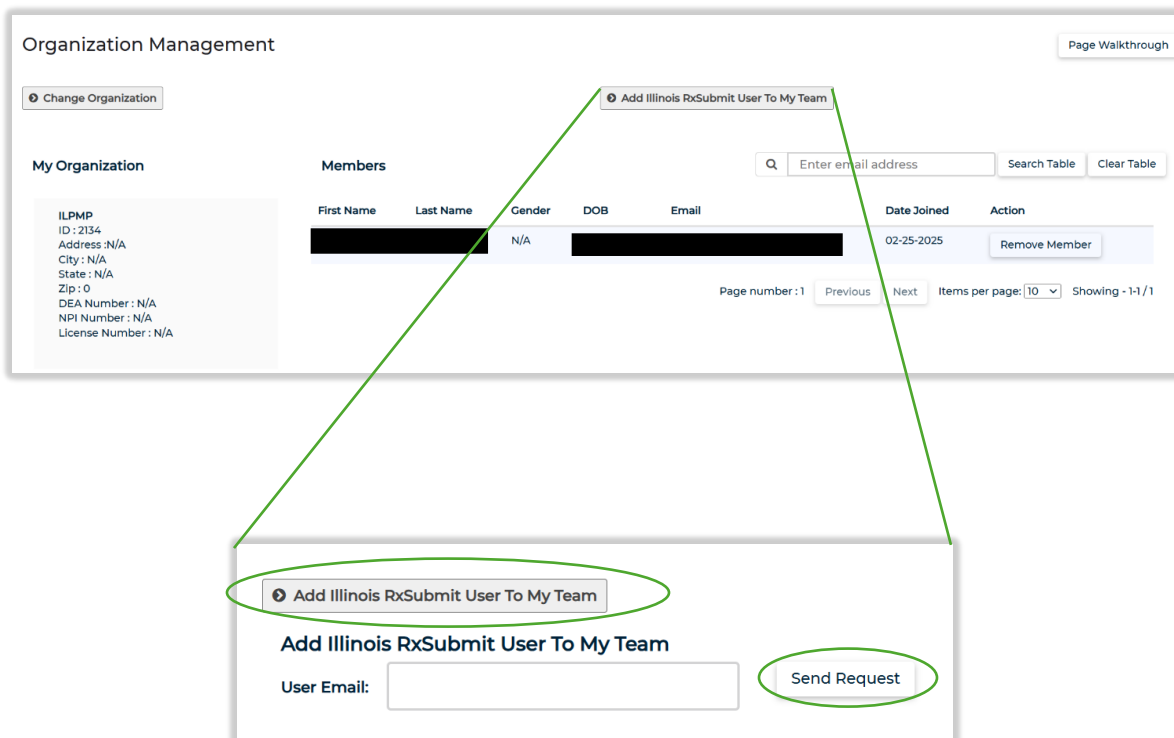
11.3 Changing Organizations

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

11.4 Approve/Reject New Users

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

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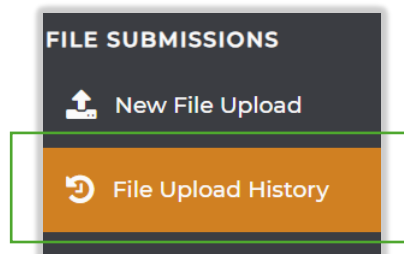
- Enter applicable information, i.e. File Name, Status, Date Range, etc.
- Click "**Search**" to view file list requested
    o Click "**Reset Search**" to clear information and start again
- Click "**Export Table**" to process report

- Below message will appear

Export request received. You will receive an email once the report is ready. Once ready, the file can be downloaded in the exported reports tab located on the left sidebar.

OK

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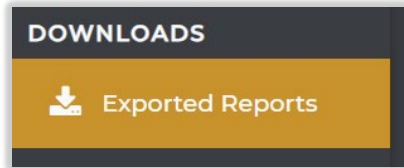
- Filter by:
  - o Date Range
  - o Specific Report Name
- Click "**Search Table**"
  - o Click "**Reset Table**" to clear filters and start again

- Click "**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
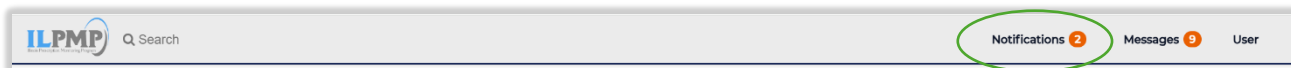
- Click "**information**" icon to display notification (🛈)

- Click "**close**" to exit out of the information display

- Click "**Trash Bin**" icon to delete notification (🗑)

- 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

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

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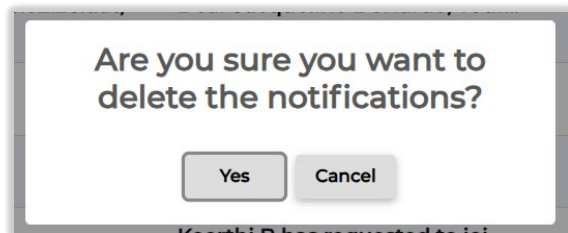
13.3 Messages

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 (ⓘ)

- Click **"Close"** to exit out of information display
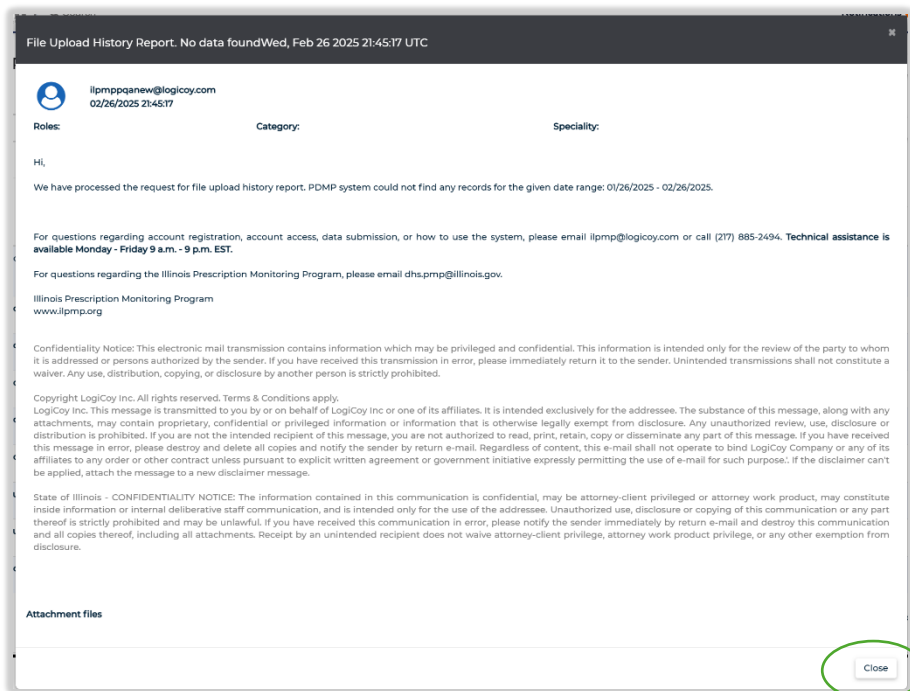
- Click "**Trash Bin**" to delete message
- The below message will appear

  o Click "**Yes**" to delete the message
  o Click "**No**" to go back to the message screen
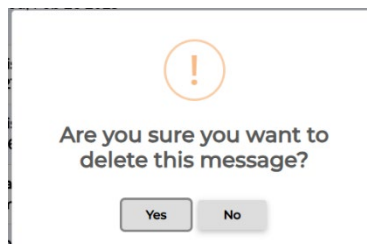
  o To look up a specific message include any of the following:
    ▪ **From**
    ▪ **Subject**
    ▪ **Date Range**

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- o Click "**Filter**" when specified information inputted
- o Click "**Reset Filter**" to remove specified information and start over

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

13.2.3 Viewing Sent Items

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

- The below screen will appear with sent message information
- Click "**Close**" to exit the information display and return to sent message screen
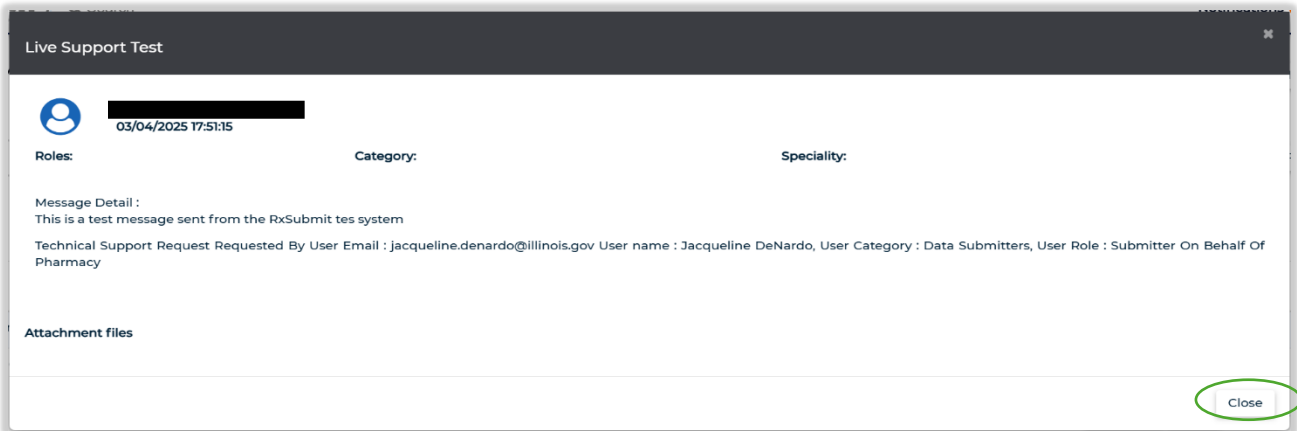
- Click "**Trash Bin**" to delete sent message (🗑)
- The below message will appear:

  - Click "**Yes**" to delete the sent message
  - Click "**No**" to go back to sent message screen
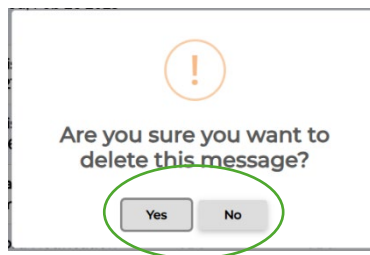
14 Profile Management

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**"
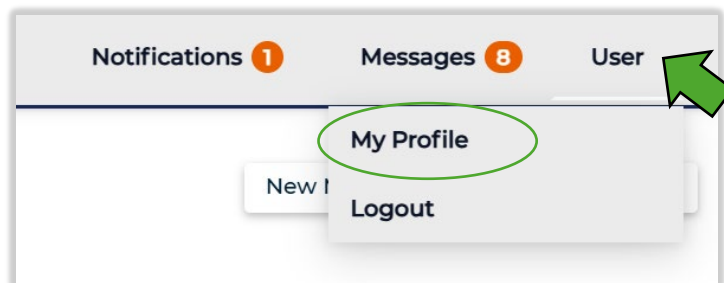
- Click "**Change Password**"

- 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**"

- Enter current password and click "**Confirm**"

- Enter new email address
- Click "**Send Verification Code**"

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

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

- 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.

- RxSubmit logs user out
- Sign in using new email address
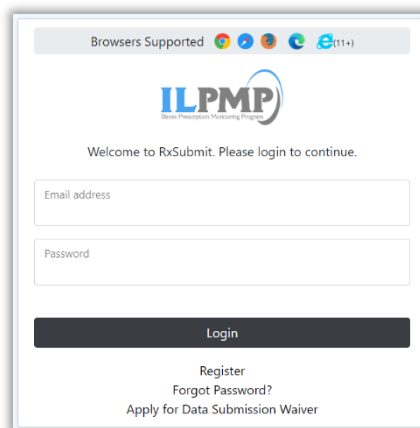
14.4 Previous Sessions

- Click "**Previous Sessions**" to view a pop-up of the users' login history, see example below

14.5 Updating Demographic and other Information

- Expand any of the available tabs to update information

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

- The below message will appear
  - o Click "**Yes**" to confirm update
  - o Click "**No**" to cancel update
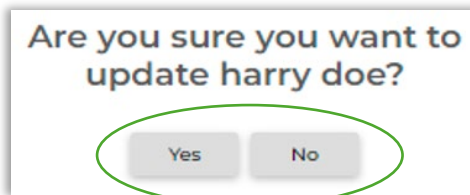
- Click "**OK**" to finalize update
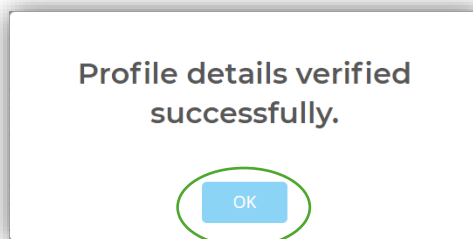
15 Logging out of RxSubmit

15.1 Logging out

- Hover over "**User**" and a drop box will appear
- Click "**Logout**"
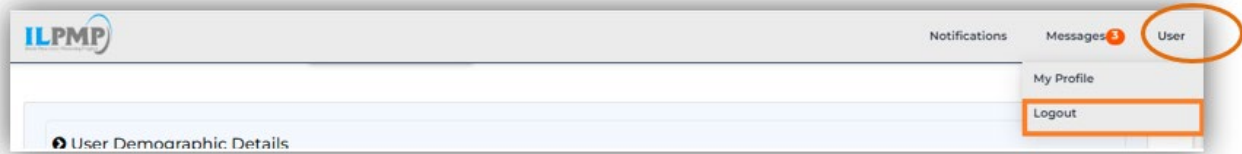
Note: To ensure your login credentials (username and password) are not used by an unauthorized individual, you must log out of the application once your session is complete. The system will automatically log the user out if there is no activity within **5 minutes**.
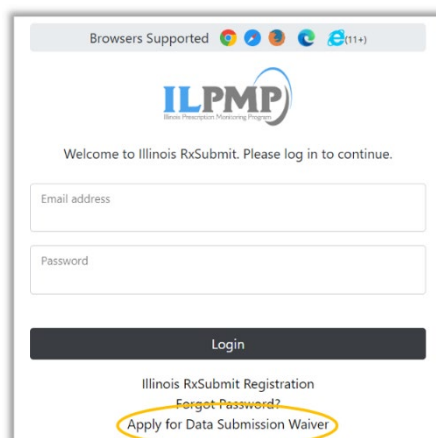
16 Data Submission Waiver (Exemption)

16.1 Synopsis

This section provides guidance on applying for a data submission waiver. This request should be completed **annually by 6/30 (June 30th) of the following year** 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

APPLICATION REQUEST FOR WAIVER OF REPORTING REQUIREMENTS FOR Illinois RxSubmit

Today's Date: 11/20/2024

DISPENSER INFORMATION

*Required Fields

*Name of Pharmacy/Dispenser:

*IL Pharmacy license number or Prescriber license number: NPI Number:

*Street Address: *Email Address:

*State: *City:
Select a state   Select a city

*Zip Code: *Phone Number:

*Pharmacy/Dispenser DEA Number:

REASON FOR WAIVER REQUEST:

This application is for an exemption from submitting data as required by the Illinois PMP.

Dispenser is a medical facility that dispenses an interim quantity of a substance on an outpatient emergency basis; the quantity does not exceed a 72-hour supply.

Pharmacy or Prescriber does not dispense ANY controlled substances II, III, IV and V or drugs of interest in the state of Illinois.

AFFIRMATION

By signing below, I certify that all statements contained in this waiver application are true and correct.

Signature: Title: Date: MM-DD-YYYY

Save   Reset

- 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.

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.DBHR.PharmacyCompliance@illinois.gov

18 Document Information

18.1 Copyright and Trademarks

- Copyright © 2009-2025 LogiCoy Inc.

- This document is intended for the sole use of the Illinois Prescription Monitoring Program and data submitters for the state. Neither this document nor any portion of the information contained herein may be duplicated or disclosed, whether by photocopying or other electronic or mechanical methods, without the written permission of LogiCoy.

- LogiCoy RxSubmit application is the registered trademark of LogiCoy and all other products referenced are the trademarks of their respective owners.

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
05/28/2025	2.0	Process and picture updates and transition to ASAP 5.0
09/02/2025	2.1	Updated fields and section revision

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
    - o **REQUIRED**– must be sent with file submission
    - o **SITUATIONAL** – must be submitted if it is linked to a different required or situational field
    - o **OPTIONAL** – may be used, and is recommended, but is not required for submitting
    - o 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
    - o 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*

Transaction Header	Element Name	Reporting Expectations	Field Attributes	Additional Guidance
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

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 *preferred*. Backslash shall not be used.**

Information Source	Element Name	Reporting Expectations	Field Attributes	Additional Guidance
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 *must be* 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**	**Date range of prescriptions in format below #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.**

Dispensing Pharmacy	Element Name	Reporting Expectations	Field Attributes	Additional Guidance
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		
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**	**Exclude hyphens**
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**	**Should reflect the type of organization that operates the pharmacy** *(CONTINUES ON NEXT PAGE)* **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

Patient Detail	Element Name	Reporting Expectations	Field Attributes	Additional Guidance
PAT 01	**ID Qualifier of Issuing Jurisdiction**	**SITUATIONAL**	**AN 2**	**Must contain the USPS 2 letter code for the state (e.g. IL) if PAT 02 is 02 or 06**
PAT 02	**ID Qualifier**	**REQUIRED**	**N 2**	**ID Qualifier is used to identify type of ID used:** **01 Military ID** **02 State Issued ID** **03 Unique System ID** **04 Permanent Resident Card (Green Card)** **05 Passport ID** **06 Driver's License ID** **07 Social Security Number** **08 Tribal ID** **11 Medicaid Recipient ID Number** **99 Other** ***If a patient does not have an ID, please put your pharmacy/dispenser specific patient ID in the 99 Other field***
PAT 03	**ID of Patient**	**REQUIRED**	**AN 20**	**Number located on the ID form**
PAT 04	Additional ID Qualifier of Issuing Jurisdiction	Not Required		
PAT 05	**Additional Patient ID Qualifier**	**SITUATIONAL**	**AN 20**	**Must be used when submitting an LTC RX – Use code '99'**
PAT 06	Additional Patient ID	Not Required		
PAT 07	**Last Name**	**REQUIRED**	**AN 50**	**Patient Last Name** *(CONTINUES ON NEXT PAGE)*

				(please review recommendations in the ASAP 5.0 guide)
PAT 08	First Name	REQUIRED	AN 50	Patient First Name (please review recommendations in the ASAP 5.0 guide)
PAT 09	Middle Name	OPTIONAL	AN 30	Provide when available
PAT 10	Name Prefix (if field included in software)	Not Required		
PAT 11	Last Name Suffix (e.g. Jr.)	OPTIONAL	AN 10	Provide, if applicable
PAT 12	Address Line 1	REQUIRED	AN 55	If the patient does not have an address, please send "Unhoused" in this field.
PAT 13	Address Line 2	OPTIONAL	AN 55	Send when applicable
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	Note: Retail pharmacies dispensing veterinarian prescriptions to put the date of birth for the responsible party. 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 01 Human 02 Veterinary

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		
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		

Dispensing Record	Element Name	Reporting Expectations	Field Attributes	Additional Guidance
DSP 01	Reporting Status	REQUIRED	N 2	00 New 01 Revised *(CONTINUES ON NEXT PAGE)*

				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 08	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 *NOT* 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 07 Order (Administered at Prescriber Location) 08 Dispensed from a Prescriber Location 09 Standing Order/Protocol 99 Other
DSP 13	Partial Fill Indicator	REQUIRED	N 2	00 Not Partial 01 First Partial fill 02 Second Partial fill, etc.
DSP 14	Pharmacist NPI	Not Required		
DSP 15	Pharmacist State License	Not Required		

DSP 16	Classification Code for Payment Type	REQUIRED	N 2	01 Private/Cash 02 Medicaid 03 Medicare 04 Comm. Ins. 05 Military/VA 06 Workers Comp. 07 Indian Nations 99 Other
DSP 17	Date Sold	OPTIONAL	DT 8	When Applicable YYYYMMDD
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		
DSP 22	Quantity Prescribed	REQUIRED	D 11	This field can clarify the value reported in DSP13 Partial Fill Indicator.
DSP 23	Rx SIG	OPTIONAL	AN 200	Provide when Available
DSP 24	Opioid Treatment Type	OPTIONAL	N 2	Provide if available. This field is used to explain the reason for an opioid prescription. If the prescription is not for an opioid, then this field would not be used. *(CONTINUES ON NEXT PAGE)* 01 Not Used for Opioid Dependency Treatment 02 Used for Opioid Dependency Treatment 03 Pain Associated with Active and Aftercare Cancer Treatment 04 Palliative Care in Conjunction with Serious Illness 05 End-of-Life and Hospice Care 06 A Pregnant Individual with a Pre-existing Prescription for Opioids 07 Acute Pain for an Individual with an Existing Opioid Prescription for Chronic Pain

				08 Individuals Pursuing an Active Taper of Opioid Medications 09 Patient is Participating in a Pain Management Contract 10 Acute Opioid Therapy 11 Chronic Opioid Therapy 99 Other
DSP 25	Diagnosis Code	OPTIONAL	AN 7	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. Exclude the decimal point.
DSP 26	Time Written	Not Required		
DSP 27	Time Filled	Not Required		
DSP 28	Time Sold	Not Required		
DSP 29	Total Quantity Remaining on Prescription	OPTIONAL	D 11	If a patient opts to fill less than the total amount (also applies to partial fills as well) this should reflect the remaining quantity available for a single prescription. See ASAP 5.0 Guide Appendix B
DSP 30	Total Quantity Remaining Drug Dosage Units Code	OPTIONAL	N 2	The quantity remaining is calculated against the single prescription fill quantity, not the entire refill authorization. See ASAP 5.0 Guide Appendix B
DSP 31	Discount Card	SITUATIONAL	N 2	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
DSP 32	Classification Code for Additional Payment Type	OPTIONAL	N 2	Provide if available *(CONTINUES ON NEXT PAGE)* Code identifying the type of payment, i.e., how it was paid for

				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**

Prescriber	Element Name	Reporting Expectations	Field Attributes	Additional Guidance
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
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

Comp. Drug Ingredient	Element Name	Reporting Expectations	Field Attributes	Additional Guidance (IF APPLICABLE)
CDI 01	Compounded ingredient Sequence Number	SITUATIONAL	N 2	Values should be between 00-99. Required if DSP 07 is 06 Compound
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		

Additional Information Reporting	Element Name	Reporting Expectations	Field Attributes	Additional Guidance
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		
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		

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

Transaction Set Trailer	Element Name	Reporting Expectations	Field Attributes	Additional Guidance
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.

TH – Transaction Header - Required	Element Name	Reporting Expectation	Additional Guidance
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: \\

IS – Information Source – Required	Element Name	Reporting Expectation	Additional Guidance
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#

PHA – Pharmacy Header – Required	Element Name	Reporting Expectation	Additional Guidance
PHA03	Pharmacy DEA Number	REQUIRED	

PAT – Patient Header – Required	Element Name	Reporting Expectation	Additional Guidance
PAT07		REQUIRED	The patient's last name will always be Report
PAT08		REQUIRED	The patient's first name will always be Zero

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

TP – Pharmacy Trailer – Required	Element Name	Reporting Expectation	Additional Guidance
TP01		REQUIRED	7

TT – Transaction Trailer – Required	Element Name	Reporting Expectation	Additional Guidance
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
```