



**pennsylvania**

DEPARTMENT OF HEALTH  
PRESCRIPTION DRUG MONITORING PROGRAM



## **Data Submitter Guide**

PDMP System

# Contents

|  |    |
|--|----|
| 1. INTRODUCTION .....  | 5  |
| 1.1 DOCUMENT OVERVIEW .....  | 5  |
| 1.2 PURPOSE AND CONTENTS.....  | 5  |
| 1.3 REVISION HISTORY .....   | 6  |
| 2. DOCUMENT INFORMATION.....   | 7  |
| 2.1 COPYRIGHT AND TRADEMARKS.....  | 7  |
| 2.2 DISCLAIMER.....  | 7  |
| 2.3 TECHNICAL ASSISTANCE.....  | 7  |
| 2.4 ADMINISTRATIVE ASSISTANCE .....                                      | 7  |
| 3. DATA COLLECTION AND TRACKING.....                                     | 8  |
| 3.1 DATA COLLECTION REQUIREMENTS.....                                    | 8  |
| 3.2 REPORTING REQUIREMENTS.....  | 8  |
| 4. ACCESSING THE PENNSYLVANIA PDMP SYSTEM.....                           | 10 |
| 4.1 TRANSITION OF PDMP VENDORS .....                                     | 10 |
| 4.2 REGISTERING A DATA SUBMITTER WITH THE PENNSYLVANIA PDMP SYSTEM ..... | 10 |
| 4.3 REQUIREMENT FOR REGISTRANTS FROM OUT OF STATE .....                  | 17 |
| 4.4 LOGGING INTO THE PDMP SYSTEM.....                                    | 18 |
| 4.5 CREATING A CUSTOM PASSWORD .....                                     | 19 |
| 4.6 FORGOT YOUR PASSWORD.....  | 19 |
| 4.7 CHANGING YOUR PASSWORD .....   | 22 |
| 4.8 CHANGING THE EMAIL ON YOUR ACCOUNT .....                             | 24 |
| 4.9 PROFILE MANAGEMENT .....   | 26 |
| 4.10 ORGANIZATION MANAGEMENT .....                                       | 28 |
| 4.11 LOGGING OUT OF THE PDMP SYSTEM .....                                | 30 |
| 5. FILE SUBMISSIONS .....  | 31 |
| 5.1 TIMELINE REQUIREMENTS.....   | 31 |
| 5.2 UPLOAD SPECIFICATIONS.....   | 31 |

---

|  |  |           |
|--|--|-----------|
| 5.3  | NEW FILE UPLOAD .....                                  | 31        |
| 5.3.1  | ZERO REPORT SUBMISSION.....                            | 33        |
| 5.4  | FILE UPLOAD HISTORY .....                              | 34        |
| 5.5  | SUBMITTED DISPENSATIONS .....                          | 38        |
| 5.6  | MANUAL FORM SUBMISSION .....                           | 43        |
| 5.7  | VENDOR UPLOADS.....                                    | 44        |
| 6.   | EXPORTED REPORTS .....                                 | 47        |
| 6.1  | DOWNLOADING EXPORT REPORTS.....                        | 47        |
| 7.   | PDMP MESSAGES AND OUTREACH .....                       | 49        |
| 7.1  | NOTIFICATIONS .....                                    | 49        |
| 7.2  | MESSAGES .....   | 50        |
| 7.3  | EMAIL REPORTS.....                                     | 50        |
| 7.3.1  | FILE FAILED REPORT.....                                | 51        |
| 7.3.2  | FILE STATUS REPORT .....                               | 51        |
| 7.3.3  | ZERO REPORT CONFIRMATION.....                          | 53        |
| 8.   | DATA COMPLIANCE .....                                  | 54        |
| 8.1  | FILE UPLOAD HISTORY .....                              | 54        |
| 8.2  | VIEW OR EDIT FILE RECORDS.....                         | 54        |
| 8.3  | ERROR CORRECTION .....                                 | 60        |
| 8.4  | VENDOR UPLOADS (PIC ACCESS ONLY) .....                 | 61        |
| 9.   | APPLY FOR DATA WAIVER SUBMISSION.....                  | 64        |
| 9.1  | DATA SUBMISSION WAIVER.....                            | 64        |
| 9.2  | APPLYING FOR A WAIVER AS A PHYSICIAN/PRACTITIONER..... | 65        |
| 9.3  | APPLYING FOR A WAIVER AS A PHARMACIST .....            | 66        |
| 10.  | ASSISTANCE AND SUPPORT .....                           | 69        |
| 10.1   | TECHNICAL ASSISTANCE.....                              | 69        |
| 10.2   | ADMINISTRATIVE ASSISTANCE .....                        | 69        |
| <b>APPENDIX A: ASAP 4.2 SPECIFICATIONS .....</b> |  | <b>70</b> |

**APPENDIX B: ASAP ZERO REPORT SPECIFICATIONS** ..... 83

**APPENDIX C: SFTP CONFIGURATION** ..... 85

    CONFIGURE SFTP ACCOUNT ..... 85

    PUBLIC KEY AUTHENTICATION USING SSH KEY COMMANDS ..... 88



# 1 Introduction

## 1.1 Document Overview

Pennsylvania's ABC-MAP program is an expansion of the pre-existing Prescription Drug Monitoring Program (PDMP). The Pennsylvania Department of Health has established the Office of Drug Surveillance and Misuse Prevention (ODSMP) which will collect and monitor the prescribing and dispensing of drugs containing Schedule II-V controlled substances.

## 1.2 Purpose and Contents

The Pennsylvania PDMP® *Data Submitter's Guide* serves as a step-by-step manual for all data submitters registered with the PA PDMP System. This document has information on how to use the application and the tasks a data submitter can perform. This includes topics such as:

- Submitted Dispensations
- Data Uploading Methods:
  - Configuring an sFTP account
  - Using the PDMP web portal to upload a file
  - Using UCF (Universal Claim Forms) or Manual Form Entry
  - Submitting a Zero Report
- File Upload History
  - Correcting and editing prescription records
- Organization Management
- Export Reports

### 1.3 Revision History

| Version | Date       | Changes  |
|---------|------------|--|
| 1.0     | 5/2/2016   | <ul style="list-style-type: none"> <li>• Initial Version</li> </ul>  |
| 2.0     | 6/9/2016   | <ul style="list-style-type: none"> <li>• PHA01 is now Required</li> </ul>  |
|         |            | <ul style="list-style-type: none"> <li>• PAT02 and PAT03 are now Situational</li> </ul>  |
|         |            | <ul style="list-style-type: none"> <li>• DSP14 is now Situational</li> </ul>   |
|         |            | <ul style="list-style-type: none"> <li>• DSP15 is now Required</li> </ul>  |
| 3.0     | 6/16/2016  | <ul style="list-style-type: none"> <li>• DSP15 is now Situational</li> </ul>   |
| 4.0     | 12/28/2017 | <ul style="list-style-type: none"> <li>• Dispensation data submission frequency change</li> </ul>  |
| 5.0     | 2/28/2020  | <ul style="list-style-type: none"> <li>• PAT17 is now Required</li> </ul>  |
|         |            | <ul style="list-style-type: none"> <li>• PHA02 is now Required</li> </ul>  |
|         |            | <ul style="list-style-type: none"> <li>• DSP12 and DSP13 are now Required</li> </ul>   |
|         |            | <ul style="list-style-type: none"> <li>• PRE04 is now Situationally Required (must submit when available)</li> </ul>   |
| 6.0     | 2/14/2022  | <ul style="list-style-type: none"> <li>• First Data Submitter Guide under LogiCoy vendor</li> </ul>  |
| 7.0     | 2/14/2023  | <ul style="list-style-type: none"> <li>• Added Revision History section</li> <li>• Added Data Collection and Tracking section, including Data Collection Requirements and Reporting Requirements</li> <li>• Added Transition of PDMP Vendors section</li> <li>• Added Requirement for Registrants from Out of State section</li> <li>• Added Changing Your Password section</li> <li>• Added Changing the Email on Your Account section</li> <li>• Added Timeline and Requirements section</li> <li>• Added Upload Specifications section</li> <li>• Added Zero Report Submission subsection</li> <li>• Added Vendor Uploads section</li> <li>• Added Email Reports section and File Failed Report, File Status Report, and Zero Report Confirmation subsections</li> <li>• Added Data Compliance section, including File Upload History, View or Edit File Records, Error Correction, and Vendor Uploads (PIC Access Only)</li> <li>• Rearranged manual to fit new sections and subsections, including moving sFTP configuration from a section to an appendix</li> </ul> |

## 2 Document Information

### 2.1 Copyright and Trademarks

Copyright © 2009-2023 LogiCoy Inc.

This document is intended for the sole use of potential clients, clients, and business partners of LogiCoy Inc. 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 PDMP Applications is the registered trademark and all other products referenced are the trademarks of their respective owners.

### 2.2 Disclaimer

LogiCoy has made every effort to ensure the accuracy of the information in this document at the time of printing; however, information may change without notice.

### 2.3 Technical Assistance

If you require technical support, please use the following contact information. Support is currently available 24/7:

**Phone:** 844-377-7367, select prompt “1”

**Email:** [papdmp@logicoy.com](mailto:papdmp@logicoy.com)

### 2.4 Administrative Assistance

If you have any non-technical questions regarding the Pennsylvania Prescription Drug Monitoring Program, or if you wish to contact the PDMP Administrator, please use the following contact information:

Office of Drug Surveillance and Misuse Prevention

625 Forster Street, 6<sup>th</sup> Floor

Harrisburg, PA 17120

**Phone:** 844-377-7367, select prompt “0”

**Email:** [ra-dh-pdmp@pa.gov](mailto:ra-dh-pdmp@pa.gov)

## 3 Data Collection and Tracking

### 3.1 Data Collection Requirements

This guide provides information regarding Pennsylvania's Prescription Drug Monitoring Program (PA PDMP), including Pennsylvania's Achieving Better Care by Monitoring All Prescriptions Program (ABC-MAP). In accordance with legislation passed under (ABC-MAP) Act – ENACTMENT Act of Oct. 27, 2014, P.L.2911, No.191, the Pennsylvania Department of Health (PA DOH) has established an electronic prescription monitoring program for the purpose of compiling records of **Schedule II-V** controlled substances dispensed within the Commonwealth of Pennsylvania – including those dispensed through mail order and internet pharmacies.

The ABC-MAP legislation is intended to increase the quality of patient care by giving prescribers and dispensers access to a patient's prescription medication history through an electronic system that will alert medical professionals to potential dangers when making treatment determinations. This information may assist in the assessment and referral of treatment programs, thus allowing patients to make educated and thoughtful healthcare decisions. Additionally, the system will aid regulatory and law enforcement agencies in the detection and prevention of fraud, waste, drug abuse, and the criminal diversion of controlled substances.

Information about controlled substance dispensing activities must be reported on regular intervals to the PA DOH through the authorized data collection vendor, LogiCoy Inc. Pharmacies and other dispensers are required by law to provide such reporting to the data collection vendor in approved formats and frequencies. This includes mail order and internet pharmacies that dispense to the Commonwealth.

### 3.2 Reporting Requirements

**Effective January 1, 2017, the Pennsylvania Department of Health began requiring pharmacies and dispensers to report controlled substance dispensations to the Prescription Drug Monitoring Program no later than the close of the subsequent business day. A business day is any day within the standard five-day business week beginning on Monday and ending on Friday. Dispensers are encouraged to submit every day, including on the weekend.**

For example: If your pharmacy is open and dispensing controlled substances from Monday to Friday, 8:30 a.m. to 5:00 p.m., then the information from all dispensations that occurred on Monday must be submitted to the PDMP by 5:00 p.m. on Tuesday. Information from all dispensations that occurred on Friday must be submitted by 5:00 p.m. on the following Monday. If your pharmacy is closed on Thursday, the pharmacy must still submit Wednesday's data by 5:00 p.m. on Thursday.

**The laws and data submission requirements for reporting to the PA PDMP system are continuously subjected to amendments; it is the responsibility of dispensers to be aware of such updates as they are enacted and promulgated.**

Copyright © 2009-2023 LogiCoy Inc.

All dispensers of Schedule II-V controlled substance prescriptions are required to collect and report their dispensing information unless they are specifically exempted in the legislation. Such reporting without individual authorization by the patient is allowed under HIPAA, 45 CFR § 164.512, paragraphs (a) and (d). The Pennsylvania Department of Health is a health oversight agency, and LogiCoy Inc. will be acting as an agent of the Pennsylvania Department of Health in the collection of this information.

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

## 4 Accessing the PDMP System

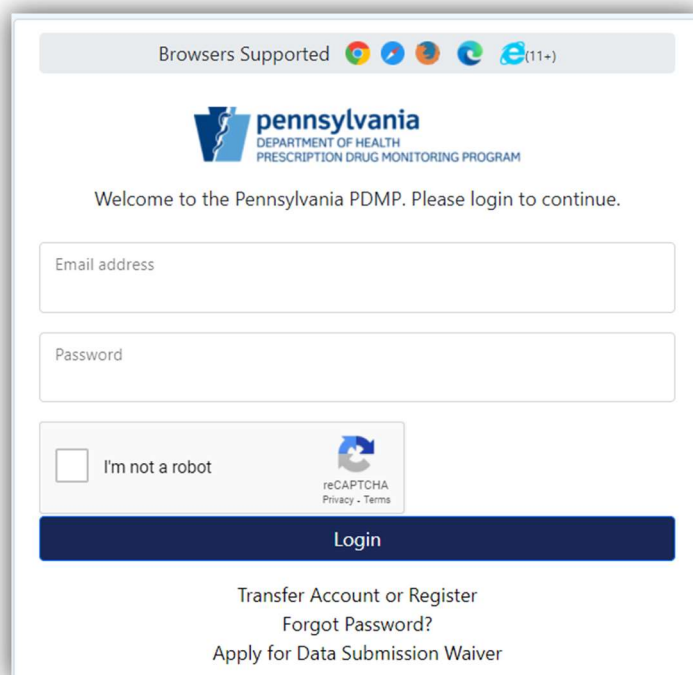
### 4.1 Transition of PDMP Vendors

The Pennsylvania Prescription Drug Monitoring Program (PA PDMP) transitioned PDMP system vendors on February 14, 2022. All data submitters must establish new login and sFTP credentials. To transfer their accounts, data submitters will need a valid form of identification (e.g., driver's license, government ID, passport).

### 4.2 Registering a Data Submitter with the Pennsylvania PDMP System

A data submitter is a user who collects the data and uploads or submits prescriptions on behalf of either a dispensing practitioner or a pharmacy.

- A data submitter can register as either:
  - Data Submitter as a Dispensing Practitioner
  - Data Submitter submitting on behalf of a Pharmacy
- The registration for both processes is the same.
- Open an Internet browser and navigate to the PDMP web portal: <https://pdmp.health.pa.gov/PDMPSystemApp/>
- The following window will be displayed:

The image shows a web browser window displaying the login page for the Pennsylvania Prescription Drug Monitoring Program (PDMP). At the top, there is a banner for "Browsers Supported" with icons for Chrome, Firefox, Safari, and Edge. Below this is the Pennsylvania Department of Health logo and the text "DEPARTMENT OF HEALTH PRESCRIPTION DRUG MONITORING PROGRAM". The main heading reads "Welcome to the Pennsylvania PDMP. Please login to continue." There are two input fields: "Email address" and "Password". Below these is a reCAPTCHA widget with the text "I'm not a robot" and a "reCAPTCHA Privacy - Terms" link. A large blue "Login" button is positioned below the reCAPTCHA. At the bottom of the page, there are three links: "Transfer Account or Register", "Forgot Password?", and "Apply for Data Submission Waiver".

- Click on the “**Transfer Account or Register**” link, located immediately below the Login button.
- Select your answer as “**No**” to register yourself as a data submitter who will utilize the PDMP system on behalf

of a prescriber or a pharmacist. Click “Next” to move on.

The screenshot shows the 'PDMP Registration' interface. At the top, there's a header with the program name and a 'Login' link. Below the header is a progress bar with three steps: a question mark (active), a person icon, and a calendar icon. The main content area is titled 'Please answer the below questions before registration' and includes a 'Registration Tracking Id: 001189'. The question is: 'Do you have an active Pennsylvania professional license that permits you to prescribe or dispense medications? \*'. There are two radio button options: 'Yes' and 'No'. The 'No' option is selected. A 'Next' button is located at the bottom right.

- Next, select “**I am registering to submit dispensation data to the PDMP on behalf of a pharmacy or dispensing practitioner**” – the second option – to register as a Data Submitter.

The screenshot shows the second step of the 'PDMP Registration' process. The progress bar now has the person icon as the active step. The question is: 'Which of the following best describes you? \*'. There are four radio button options:
 

- I am a prescriber or pharmacist working for the Veterans Healthcare Administration.
- I am registering to submit dispensation data to the PDMP on behalf of a pharmacy or dispensing practitioner. (This option is selected)
- I am a prescriber or dispenser licensed in another state.
- I am registering as a delegate to search patients on behalf of a prescriber or pharmacist.

 At the bottom right, there are 'Previous' and 'Next' buttons.

- Fill in the registration form. All fields containing an asterisk (\*) next to their description are required fields.

The screenshot shows the 'PDMP Registration' page. At the top, there's a navigation bar with a question mark icon, a calendar icon, and a user icon. Below this, the 'Create Login Credentials' section contains fields for 'Primary Email Address', 'Secondary Email Address', 'Password', and 'Confirm Password'. A 'Registration Tracking Id: 001651' is displayed in the top right. The 'Verify Role' section has a 'Category' dropdown set to 'Data Submitters' and a 'Role' dropdown with the placeholder 'Select the user role'.

- In the “**Verify Role**” section, the Category is already filled in with “**Data Submitters**”. In the Role field next to it, select one of the two options from the drop-down. The user role options are:
  - Data Submitter on behalf of Dispensing Practitioner
  - Data Submitter on behalf of Pharmacy

This close-up shows the 'Verify Role' section. The 'Category' dropdown is set to 'Data Submitters'. The 'Role' dropdown is open, showing two options: 'Submitter On Behalf Of Dispensing Practitioner' and 'Submitter On Behalf Of Pharmacy'.

The 'Basic Information' section includes fields for 'First Name', 'Middle Name', and 'Last Name'. Below these are 'Gender' (a dropdown), 'Date Of Birth' (MM/DD/YYYY), 'Last 4 Digits of Your SSN' (XXX-XX-), and 'Cell Phone Number' (with a country code dropdown and a 'verify' button). A note states: 'Password recovery requires a cell phone that receives text messages.' At the bottom, there are fields for 'Address', 'State' (dropdown), 'City' (dropdown), 'ZIP Code', and 'Country' (set to 'US').



- Password recovery requires a cell phone that receives text messages. Provide your cell phone number in the text field provided, then click the “**Verify**” button.
  - **NOTE:** Be sure to have your cell phone with you when verifying the number on the PDMP.

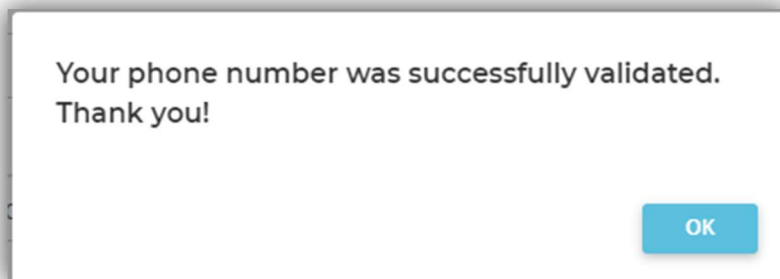
The screenshot shows a form section titled "Cell Phone Number" with a red status indicator "not verified". Below the title is a dropdown menu showing "US, (+1)" and a text input field containing the number "(987)654-3210". To the right of the input field is a blue button labeled "verify". Below the form, a message states: "Password recovery requires a cell phone that receives text messages."

The screenshot shows a pop-up window titled "Verify Phone number" with a close button (X) in the top right corner. The main heading inside is "Enter verification code or OTP to validate phone number \*". Below this is a text input field with the placeholder "Please enter otp". To the right of the input field is a link that says "(57s)Resend". Below the input field, a green message states: "A verification code was sent OTP., code is valid for 3 hours." At the bottom right of the window are two buttons: "Skip And Register" and a blue "Verify" button.

- Verify the OTP (One-Time Password) received on the provided mobile number in the Basic Information section in the pop-up window. Once done, click the “**Verify**” button.

The screenshot shows two buttons side-by-side: a light blue button labeled "Skip And Register" and a dark blue button labeled "Verify".

- If the verification is successful, you will be able to view the below screen:



- Once your number is verified successfully, click on the “**OK**” button.
- Enter your Professional Information in the fields provided. If you have a License Number, click “**Add**” next to the applicable field once the Professional Information is entered – this will allow the system to complete a verification process.

Professional Information

License Number ⓘ

NPI ⓘ

NCPDP

- The Employer Name assists data submitters in identifying the same employer users of the system, which results in the employees being automatically assigned to the same organization if they have entered the organization’s exact spelling.

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.

Previous

Submit and verify identity

- Once the form is complete, click on the “**Submit and verify identity**” button provided.
- Since you are registering as a data submitter, you must verify your identity by providing a USA, state, territory, or District of Columbia government proof-of-identity, such as a driver's license (submitted in PDF, JPG, or PNG format) supported by the American Association of Motor Vehicle Administrators (AAMVA)

Pennsylvania Prescription Drug Monitoring Program

Login

Verify your identity

Registration Tracking Id: 001189

To complete your registration, you must provide proof of identification.

You may use your state driver's license as confirmation of identity. Your driver's license number, license issue date, license expiration date, first and last name, and date of birth (DOB) will be validated by a third-party vendor, the American Association of Motor Vehicle Administrators (AAMVA). If you agree to share this information with AAMVA for account verification purposes please click "yes".

If you do not agree to sharing your information with AAMVA, you do not have a driver's license, or you do not have a driver's license associated with a state supported by AAMVA, you will be required to upload a copy of a valid proof of identification to the Commonwealth. Identification may include a passport, state identification card, or driver's license from a state that is not supported by AAMVA. Your account will be placed in a pending status until a system administrator verifies the documentation provided. The status of your account will be communicated by email or phone.

Please note - AAMVA does not support the following states: AK, AL, CA, LA, MN, NH, NV, NY, OK, SC, UT, and WV.

Please choose a option to verify identity \*

☐ Yes, I want to verify my identity through AAMVA.
 ☐ No, I do not want to verify my identity through AAMVA.
 ☐ My driver's license is from a state that is not supported by AAMVA (AK, AL, CA, LA, MN, NH, NV, NY, OK, SC, UT, and WV).
 ☐ I do not have a driver's license.

Next

**Note:** States not supported by AAMVA are **AK, AL, CA, LA, MN, NH, NV, NY, OK, SC, UT, WV**

- If you have a driver's license from an AAMVA-supported state, select the first option, then click the “Next” option. If you do not have an applicable driver's license, select the applicable option for you.

Please note - AAMVA does not support the following states: AK, AL, CA, LA, MN, NH, NV, NY, OK, SC, UT, and WV.

Please choose a option to verify identity \*

☒ Yes, I want to verify my identity through AAMVA.

☐ No, I do not want to verify my identity through AAMVA.

☐ My driver's license is from a state that is not supported by AAMVA (AK, AL, CA, LA, MN, NH, NV, NY, OK, SC, UT, and WV).



☐ I do not have a driver's license.

- If you selected to identify your identity through an AAMVA-supported driver's license, you will be taken to a page on which you will need to enter your driver's license information.

Pennsylvania Prescription Drug Monitoring Program Login

Verify your identity Registration Tracking Id: 001189

Note - Please verify your last name and date of birth, it should be same as it is in your driver's license. If in case you want to modify last name or date of birth then please click on edit icon.

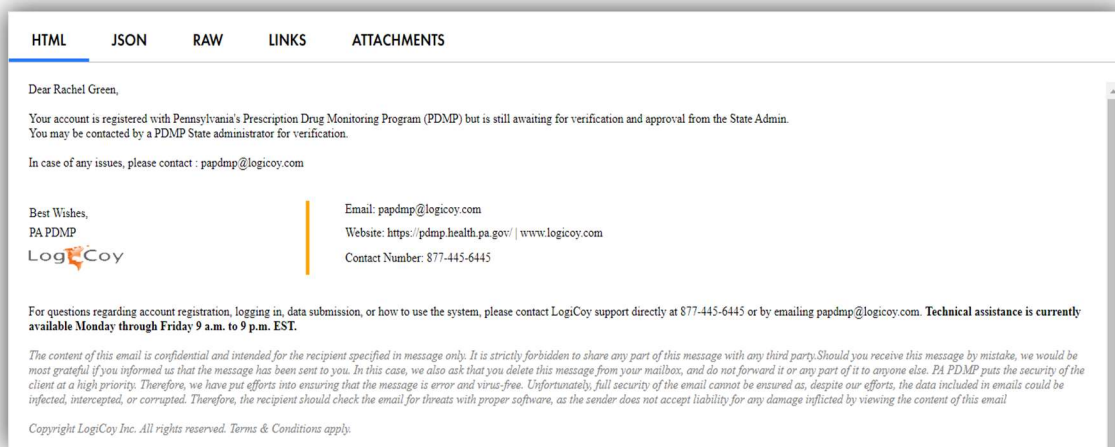
|  |                                   |   |
|--|-----------------------------------|---|
| First Name : Terry   | Middle Name : NA                  | Last Name : Abott  |
| DOB : 12/14/1959  | Email : terryabott@mailinator.com | Phone : +17864531256  |

|   |   |   |
|---|---|---|
| <b>Driver's License Number *</b><br><input type="text"/>                        | <b>License Issue Date</b><br><input type="text" value="MM/DD/YYYY"/>  | <b>License Expiration Date</b><br><input type="text" value="MM/DD/YYYY"/> |
| <b>License Issued By State *</b><br><input type="text" value="Select a state"/> | <b>License Issued By Country *</b><br><input type="text" value="US"/> |   |

- Enter the mandatory fields marked by an asterisk (\*), then click on the “Confirm and Submit” button. When your identity is successfully verified by AAMVA, your PDMP account will be automatically approved.
- If you selected to identify your identity through a means other than an AAMVA-supported driver's license, you will be directed to a page on which you can submit a (PDF, JPG, or PNG format) scanned image of your alternate form of identification. This could be a driver's license from a state not supported by AAMVA, a State ID, or a passport. Once your supported file is attached, click the “Confirm and Submit” button.

- After uploading the document which verifies your identity, you will view the screen below. Click “OK” to exit the page.

- You will receive an email with the registration status from the PA PDMP, noting that the PDMP State Administrator is reviewing your application. Once the account is approved by the Administrator, you can start using the PA PDMP portal.



### 4.3 Requirement for Registrants from Out of State

If you are submitting dispensation data to the PDMP from a state other than Pennsylvania, **and you do not have an active**

Copyright © 2009-2023 LogiCoy Inc.

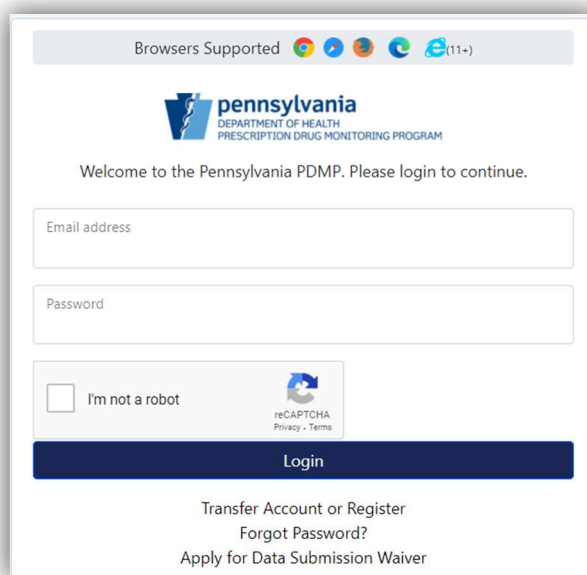
All rights reserved. Do not copy or distribute without the written permission of LogiCoy. Inc

Page 17

**license in the state of Pennsylvania**, you must register for the PDMP as a Data Submitter. If you are a pharmacist or practitioner, you must include your Professional Information in the applicable fields; however, you must identify as a user submitting dispensation data on behalf of a pharmacy or dispensing practitioner. The registration option “I am a prescriber or dispenser licensed in another state” is a role specific to prescribers and dispensers in other states who also have active licensure in the state of Pennsylvania.

#### 4.4 Logging into the PDMP System

- Open an Internet browser and navigate to the PDMP web portal: <https://pdmp.health.pa.gov/PDMPSystemApp/>
- The following window will be displayed:



- Enter the Email address with which you registered and your password, then click the “**Login**” button.

**Note:** If you have forgotten your PDMP System password, refer to the [Forgot Password](#) topic in this document. Please note that after five (5) unsuccessful login attempts, the user account will be locked. The user must contact the Administrator to unlock the account.

**Note:** For any **technical** support, please e-mail to [ppdmp@logicoy.com](mailto:ppdmp@logicoy.com) or call +1 844-939-0999. For any **non-technical** questions regarding the Pennsylvania Prescription Drug Monitoring Program or if you wish to contact the PDMP Administrator, please email to [ra-dh-pdmp@pa.gov](mailto:ra-dh-pdmp@pa.gov) or call +1 844-377-7367.

**Disclaimer:** Please do not **SHARE** your account password with **ANYONE**. You are obligated by your Data Use Agreement to keep your password private and secure.

## 4.5 Creating a Custom Password

- **Your password must contain:**
  - At least 8 characters
  - 1 capital letter
  - 1 lowercase letter
  - 1 special character (e.g., !, @, #, \$)

## 4.6 Forgot Your Password

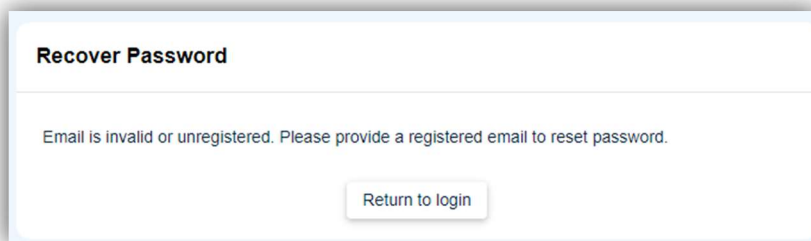
- If you have forgotten your password, first navigate to the PDMP web portal:  
<https://pdmp.health.pa.gov/PDMPSystemApp/>
- Begin resetting your password by clicking on the **“Forgot Password?”** link as shown in the image below:

- You then need to provide your PDMP-registered email address.

- If an invalid email address is entered, you will get the below pop-up window:

Copyright © 2009-2023 LogiCoy Inc.

All rights reserved. Do not copy or distribute without the written permission of LogiCoy. Inc

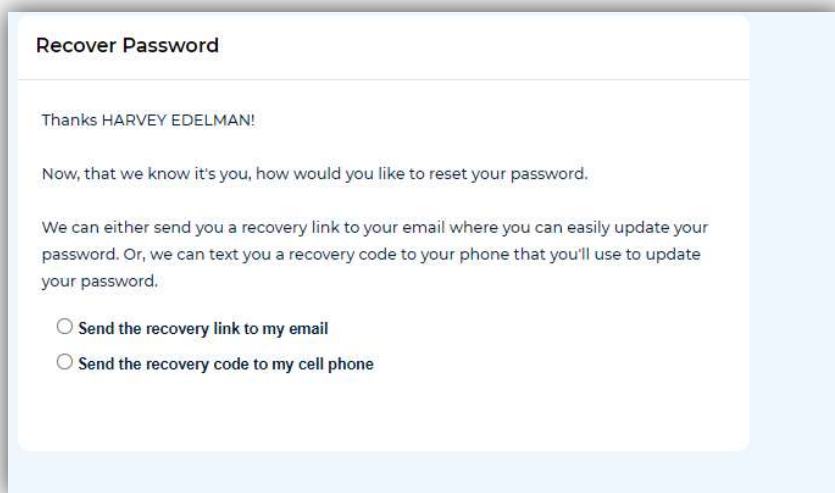


**Recover Password**

Email is invalid or unregistered. Please provide a registered email to reset password.

[Return to login](#)

- If you enter the registered email address and click on the “**Verify Account**” button, you will view the below pop-up window:



**Recover Password**

Thanks HARVEY EDELMAN!

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

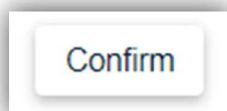
We can either send you a recovery link to your email where you can easily update your password. Or, we can text you a recovery code to your phone that you'll use to update your password.

☐ Send the recovery link to my email

☐ Send the recovery code to my cell phone

**Disclaimer:** Password must be changed after every six months.

- You can choose to receive your system-generated password as a link sent to your PDMP-registered email address. For this to happen, select the option “**Send the recovery link to my email**”.
- You can choose to receive your system-generated password as an OTP (One-Time Password) delivered to your account's cell phone number. For this to happen, select the option “**Send the recovery code to my cell phone**”.
- Whichever choice you select, click on the “**Confirm**” button to continue.

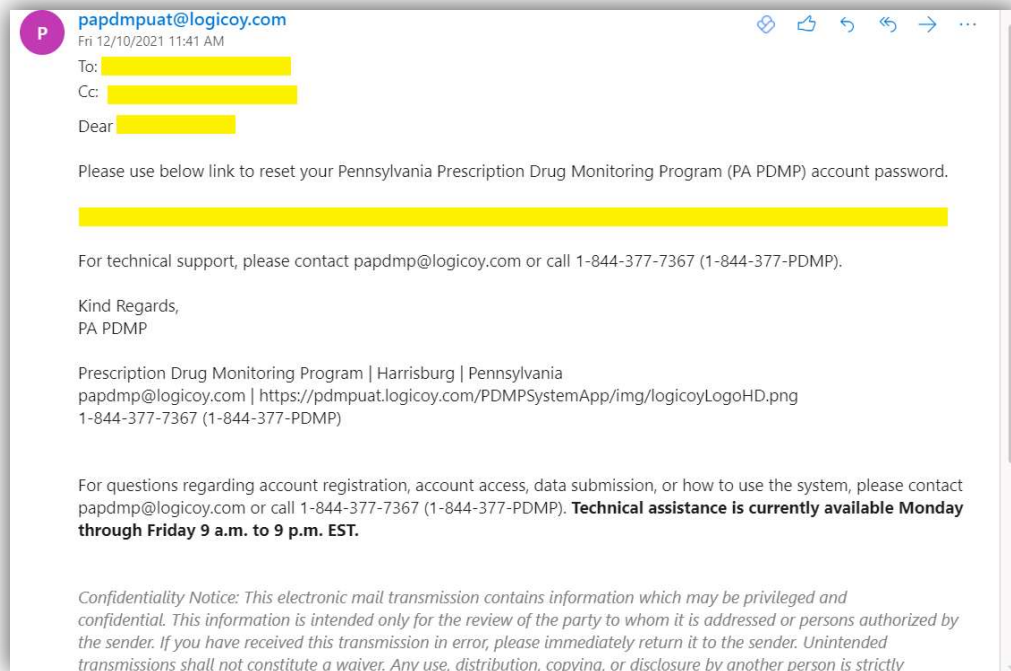
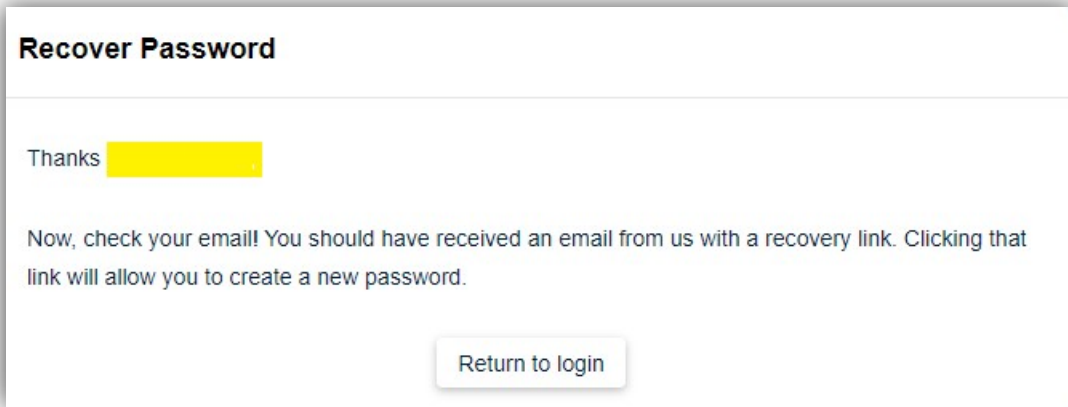


[Confirm](#)

- If you select the option to receive the link via email, your registered email address will receive a verification link.



When you click the link, you will be re-directed to a page on which the new password can be entered. A similar process will be followed if you selected the cell phone password recovery option.



**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

- After resetting the password, you will be able to log back into the PDMP with your new password. You will also receive an email indicating that you can log into the PDMP portal using your new password.

Dear LORI JOHNSON,

Your Pennsylvania Prescription Drug Monitoring Program (PA PDMP) account password was updated successfully.

For technical support, please contact [padmp@logicoy.com](mailto:padmp@logicoy.com) or call 1-844-377-7367 (1-844-377-PDMP).

Kind Regards,  
PA PDMP

Prescription Drug Monitoring Program | Harrisburg | Pennsylvania  
[padmp@logicoy.com](mailto:padmp@logicoy.com) | <https://pdmpuat.logicoy.com/PDMPSystemApp/>  
 1-844-377-7367 (1-844-377-PDMP)

For questions regarding account registration, account access, data submission, or how to use the system, please contact [padmp@logicoy.com](mailto:padmp@logicoy.com) or call 1-844-377-7367 (1-844-377-PDMP). **Technical assistance is currently available Monday through Friday 9 a.m. to 9 p.m. EST.**


Confidentiality Notice: This electronic mail transmission contains information which may be privileged and confidential. This information is intended only for the review of the party to whom it is addressed or persons authorized by the sender. If you have received this transmission in error, please immediately return it to the sender. Unintended transmissions shall not constitute a waiver. Any use, distribution, copying, or disclosure by another person is strictly prohibited.


Copyright LogiCoy Inc. All rights reserved. Terms & Conditions apply.

## 4.7 Changing Your Password

You can change your password at any time, not just when it has been forgotten; additionally, the system requires a password change every 6 months.


- Log into the PDMP web portal: <https://pdmp.health.pa.gov/PDMPSystemApp/>

Browsers Supported 



Welcome to the Pennsylvania PDMP. Please login to continue.

☐ I'm not a robot
 



reCAPTCHA  
Privacy - Terms

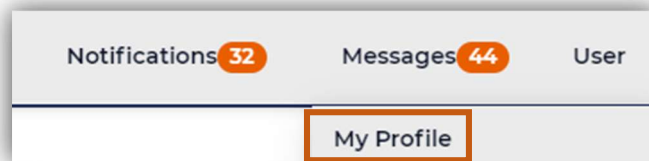
[Login](#)

[Transfer Account or Register](#)  
[Forgot Password?](#)  
[Apply for Data Submission Waiver](#)

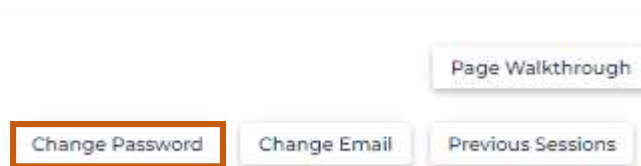
- Once you are logged in, hover over the “**User**” button in the top right-hand corner:



- This button has drop-down options; select “**My Profile**”.



- Towards the top of the next page, select the “**Change Password**” button.



- This will open a row of fields which will allow you to update your password. Enter the password you are currently using in the “**Current Password**” field. Enter your desired new password in the “**New Password**” field, and again in the “**Confirm Password**” field.

|                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| Current Password         | New Password             | Confirm Password         | Update Password                                |
| <input type="password"/> | <input type="password"/> | <input type="password"/> | <input type="button" value="Update Password"/> |

- Click **“Update Password”** to finish updating your password.



- You will now be able to log into the PDMP system with your new password.

## 4.8 Changing the Email on Your Account

If your email address at work has changed, or if you need to use a different email address for your PDMP account, there is a way to update your email address on record.

- Log into the PDMP web portal: <https://pdmp.health.pa.gov/PDMPSystemApp/>

Browsers Supported

Welcome to the Pennsylvania PDMP. Please login to continue.

☐ I'm not a robot

Login

[Transfer Account or Register](#)  
[Forgot Password?](#)  
[Apply for Data Submission Waiver](#)

- Once you are logged in, hover over the **“User”** button in the top right-hand corner:



- This button has drop-down options; select **“My Profile”**.



- Towards the top of the next page, select the “**Change Email**” button.



- A prompt on the same screen will appear, requesting your current password in order to proceed. Once you enter your password, click “**Confirm**”.

Current Password

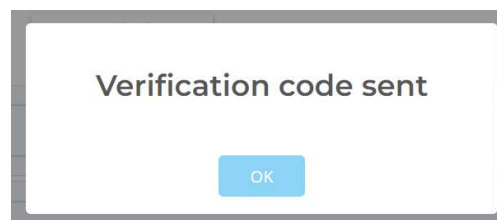


- The same area of the page will now be populated with a field in which to enter your new email:

New Email



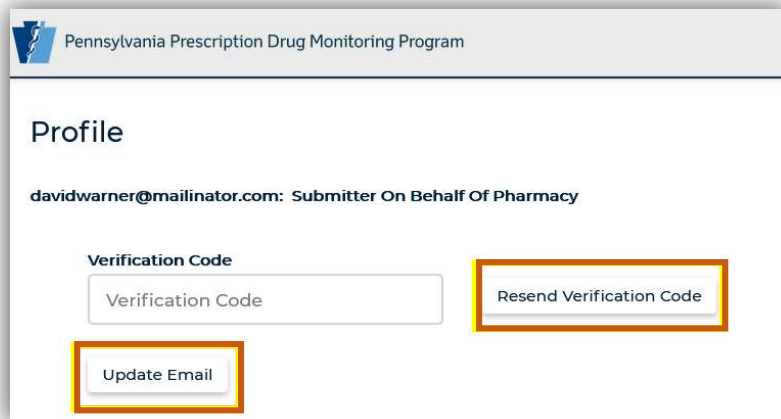
- Enter your new email address and then click “**Send Verification Code**”. You will receive a pop-up window letting you know that a verification code has been sent to your new email.



- Click “**OK**” and check your newly reset email account for receipt of the verification code.



- Navigate back to the PDMP portal and enter the verification code. Click “**Update Email**”. If you have not received the verification code, click “**Resend Verification Code**”.



Pennsylvania Prescription Drug Monitoring Program

### Profile

davidwarner@mailinator.com: Submitter On Behalf Of Pharmacy

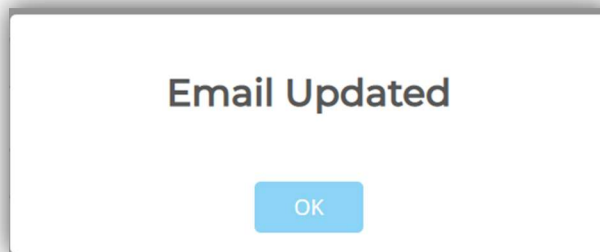
**Verification Code**

Verification Code

Resend Verification Code

Update Email

- Once you click “**Update Email**”, a pop-up window displays the following message:



- You are logged out of the PDMP web portal and are required to sign in again with the new email address.

## 4.9 Profile Management

- Log into the PDMP web portal: <https://pdmp.health.pa.gov/PDMPSystemApp/>

Browsers Supported

**pennsylvania**  
DEPARTMENT OF HEALTH  
PRESCRIPTION DRUG MONITORING PROGRAM

Welcome to the Pennsylvania PDMP. Please login to continue.

Email address

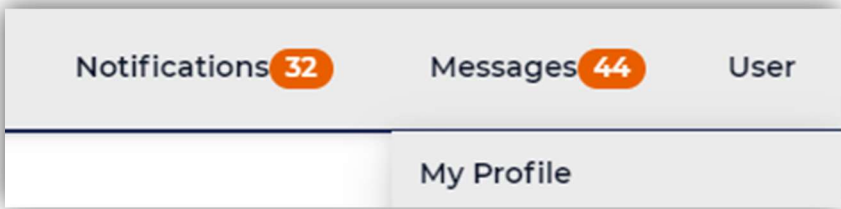
Password

☐ I'm not a robot

Login

[Transfer Account or Register](#)  
[Forgot Password?](#)  
[Apply for Data Submission Waiver](#)

- Once you have logged on, hover over “User” in the top right-hand corner of the page. Select “My Profile” from the drop-down options.



Pennsylvania Prescription Drug Monitoring Program

Notifications 2 Messages 7 User

Profile

Page Walkthrough

davidwarner@mailinator.com: Submitter On Behalf Of Pharmacy

Change Password Change Email Previous sessions

☒ User Demographic Details

☐ Id Proof

☐ Professional Identity

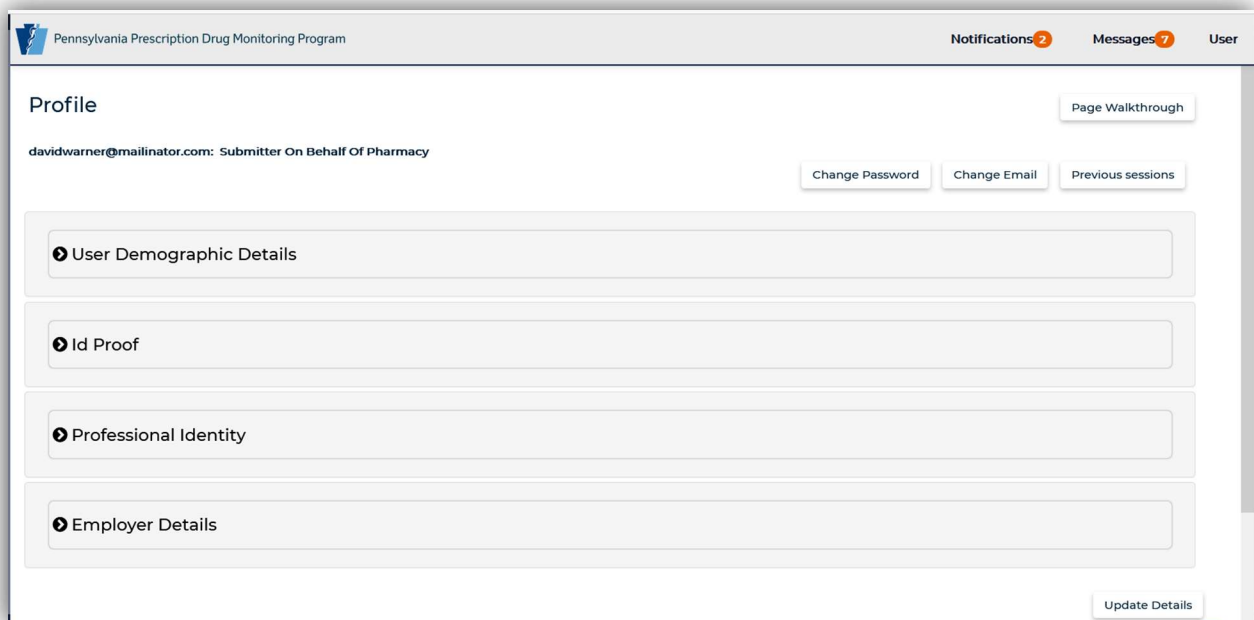
☐ Employer Details

Update Details

- To learn how to change your password or email, see sections 4.7 – Changing Your Password and 4.8 – Changing the Email on Your Account.
- To view previous sessions, click on the “**Previous Sessions**” button.



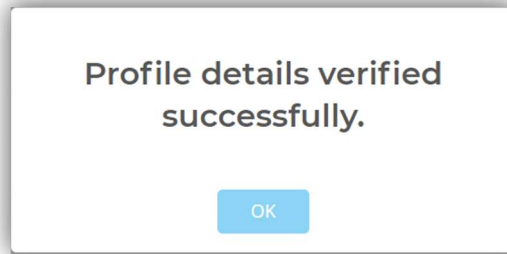
- A pop-up window will display your previous session's history.
- You may also change or update your basic information under the provided tabs.



- Once your data has been updated, click the “**Update Details**” button. When you receive the below pop-up window, click "Yes" to update the information, then click “**OK**” to close out of the verification pop-up window.

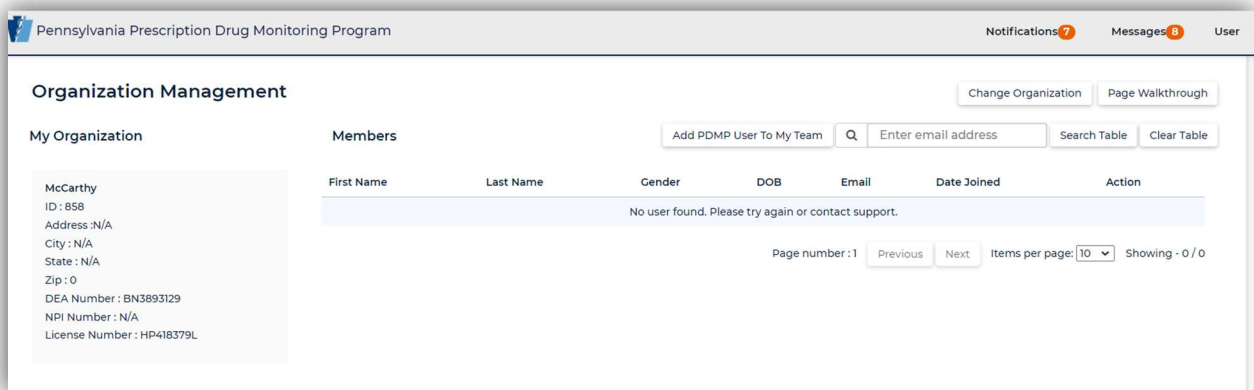
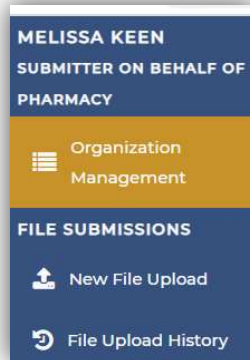






## 4.10 Organization Management

This section describes the data submitters managing the organizations for which they work. You can link existing PDMP users or join other organizations using this PDMP application.



- Data Submitters, when linked to an organization, can view, edit, and delete the data submitted by their co-workers belonging to the same organization.
- As a Data Submitter, you can receive multiple requests from your co-workers and from different organizations.

When you receive a request from a co-worker or an organization, you can either accept or reject the request by

clicking on the “**Accept**” or “**Reject**” button, respectively.

- You can link or send out requests to other PDMP users by clicking on the “**Add PDMP User To My Team**” button. You must enter the user’s registered email address in the pop-up window – this is required for linking users to the same organization.

The screenshot shows the top navigation bar with buttons for 'Change Organization' and 'Page Walkthrough'. Below this is a row of buttons: 'Add PDMP User To My Team' (highlighted in blue), a search icon, 'Enter email address', 'Search Table', and 'Clear Table'. A pop-up window titled 'Add New User to Scotland Yard' is open, featuring a 'User Email:' label, a text input field containing 'User Email', and a 'Send Request' button at the bottom right.

- Once the other PDMP user’s email address is entered, click the “**Send Request**” button. This will send out a request to the user, who can either accept or reject your request.
- You can also associate yourself with another existing organization. To do so, click on “**Change Organization**” on the Organization Management page.

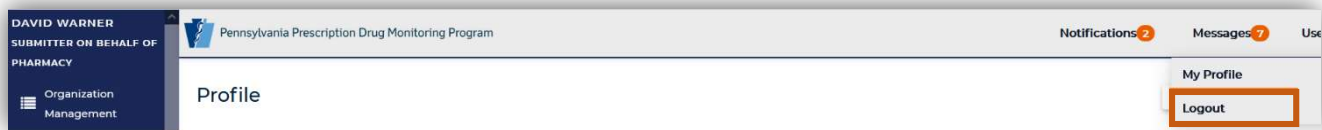
The screenshot shows the top navigation bar with buttons for 'Change Organization' (highlighted with an orange border) and 'Page Walkthrough'. Below this is a row of buttons: 'Add PDMP User To My Team', a search icon, 'Enter email address', 'Search Table', and 'Clear Table'. A pop-up window titled 'Join New Organization' is open, featuring an 'Organization ID:' label, a text input field containing 'Organization ID', and a 'Send Request' button at the bottom right.

- Enter the organization’s “**Organization ID**” in the field above. If you do not know the Organization ID, you will have to contact your colleagues and/or the organization for the information.
- Once you enter the Organization ID, click on “**Send Request**”. The request will be sent to the organization to either accept or reject the request as per their guidelines and rules.
- You will also get notifications about requests to join a co-worker or organization, as well as notifications about being de-linked from the organization.

#### 4.11 Logging Out of the PDMP System

- To ensure your login credentials (email address and password) are not used by an unauthorized individual, it is

important that you log out of the application once your session is complete. To do so, hover over “**User Profile**” and click on “**Logout**” from the drop-down options.



## 5 File Submissions

### 5.1 Timeline and Requirements

Pharmacies and software vendors can establish submission accounts upon receipt of this guide. Per the ABC-MAP Act of Oct. 27, 2014, P.L.2911, No.191, Section 5(5)(xvi), all licensed prescribers and dispensers in Pennsylvania are required to register with the Department of Health's Prescription Drug Monitoring Program (PDMP).

- As of 02/14/2022, dispensers are required to transmit their data to the PDMP using LogiCoy's PDMP web portal.
- As of 01/01/2017, pharmacies and dispensers are required to submit data within the subsequent business day of dispensing the controlled substance(s) to the patient.
- If a pharmacy does not dispense any controlled substances for the preceding reporting period, the pharmacy must file a zero report for that reporting period or it will be considered non-compliant. See 5.3.1 Zero Report Submission for additional information.

### 5.2 Upload Specifications

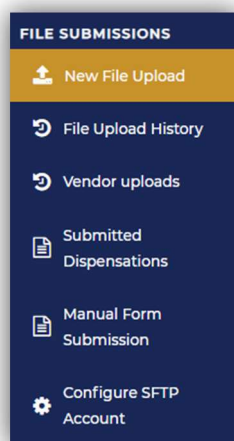
Files will be accepted in ASAP form and must be in standard 4.2 or more recent. All of your upload files will be kept separate from the files of other dispensers.

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

### 5.3 New File Upload

New File Upload allows you to upload patient data using the PDMP web portal.

- Navigate to the dashboard; from there, you can select the “**New File Upload**” option underneath “**FILE SUBMISSIONS**”:



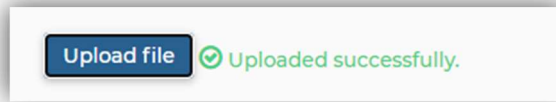
- The file description field is optional. It may contain any meaningful words used to describe the file that is to be uploaded by you.

The screenshot shows the 'Data Upload' interface for the Pennsylvania Prescription Drug Monitoring Program. The header includes the program name, 'Notifications', 'Messages' (with a red badge showing 3), and a 'User' profile icon. Below the header, there are two tabs: 'Submission Guide' and 'Page Walkthrough'. The main content area is divided into two panels. The left panel, titled 'File Upload', contains instructions that the file must follow the predefined ASAP format and be a .DAT file. It features a 'Choose File' button, a text field for 'File description (Optional)', and an 'Upload file' button. The right panel, titled 'Zero report submission', explains the purpose of a zero report and provides fields for 'Start Date' and 'End Date' (both with calendar icons and MM/DD/YYYY format), a 'Pharmacy DEA Number' field, and buttons for 'Upload Zero Report' and 'Enable Automatic Zero Reporting'.

- Choose the file from your computer system by clicking on the button “**Choose File**”.
  - **NOTE:** The file must follow **ASAP** standard and have a “**.dat**” extension.

This is a close-up view of the 'File Upload' section from the previous screenshot. The 'Choose File' button is highlighted with a red rectangular border to draw attention to it. The text above the button states that the file must follow the predefined ASAP format and be a .DAT file. Below the button is an optional text field for 'File description' and an 'Upload file' button.

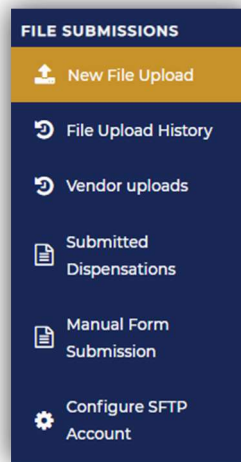
- Click on the “**Upload File**” button to upload the file into the PDMP system.
- The status of the uploaded file can be viewed instantly. In the example below, the file was processed successfully:



### 5.3.1 Zero Report Submission

If you have no dispensations to report, you must submit this information to the PA PDMP. Follow the steps below to manually submit a zero report.

- **NOTE:** Zero reports can also be submitted via sFTP using the ASAP Standard for Zero Reports. For additional details on this method, see **Appendix B: ASAP Zero Report Specifications**.
- Navigate to the dashboard; from there, you can select the “**New File Upload**” option underneath “**FILE SUBMISSIONS**”:



- Zero reports can be submitted on the “**Data Upload**” page:

**Data Upload**

Dispenser's or Pharmacist's new data upload screen

[Submission Guide](#)
[Page Walkthrough](#)

**File Upload**

Optional : On behalf of registered user email (Editable Only for Admin) ⓘ

Please note, This user email must be a valid pdmp portal user, otherwise file will fail to upload

File must follow the predefined ASAP format and should be .DAT file

Choose File

File description (Optional)

Upload file

**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.

Optional : On behalf of registered user email (Editable Only for Admin) ⓘ

Please note, This user email must be a valid PDMP portal user, otherwise file will fail to upload

**Start Date**

MM/DD/YYYY

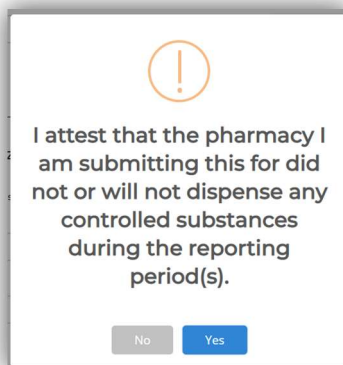
**End Date**

MM/DD/YYYY

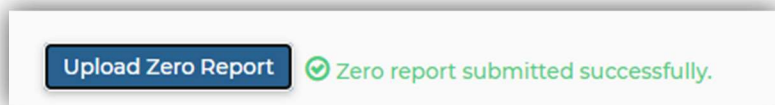
**Pharmacy DEA Number**

Upload Zero Report

- For this submission, you must enter the Start and End Fill Dates along with the Pharmacy DEA Number on the prescription.
- Once all details have been entered, click on the “**Upload Zero Report**” button.
- A pop-up will appear, which will require attestation from the submitter that the pharmacy is eligible for zero reporting during the submitted period:



- Click “**Yes**”, and the zero report will be submitted. This will be visible instantly in the confirmation message:



## 5.4 File Upload History

The File Upload History section allows you to view the history of the data files processed within the PDMP system.

- On the “**File Upload History**” page, there are search parameters such as File Name, Status, and File Submission Date Range:

**File Upload History**

File name:  Status:  File Submission Date range:  [Search](#) [Reset Search](#)

**Upload insights**

|                      |                     |                     |                   |
|----------------------|---------------------|---------------------|-------------------|
| Total Files Received | Total Prescriptions | Processing Finished | Processing Failed |
| 0                    | 0                   | 0                   | 0                 |
| ZeroReport Received  | Parsing Error       | Processing Started  | Parsing Started   |
| 0                    | 0                   | 0                   | 0                 |

**File List**

Showing below records for the given date range : 11/06/2021 - 12/06/2021

| ID                                     | File name | User name | IP-Address | Prescriptions | Success | Error | Status | Date | Actions |
|--|-----------|-----------|------------|---------------|---------|-------|--------|------|---------|
| No records found for given date range. |           |           |            |               |         |       |        |      |         |

[Export Table](#)

- The “**File name**” field is for the name of the data file that contains prescription records. If you are searching for a specific prescription record, it is possible to find the File name under **Action, More Details** when viewing the prescription on the “**Submitted Dispensations**” page.
- “**Status**” is an optional search tool; this can be used if you are looking specifically for data files that contain failed prescription records or for data files with only successful uploads.
- “**File Submission Date Range**” can be used to search for a very specific data file –
  - You can search for a specific date (e.g., 02/08/2023 – 02/08/2023) if you know the date on which the data file was submitted.
  - You can use a broad date range if you are unsure when the data file for which you are searching was submitted.
- Once you have entered all applicable field search criteria, click on the “**Search**” button.
  - The search can be cleared by click on the “**Reset Search**” button.

**File Upload History**

File name:  Status:  File Submission Date range:  [Search](#) [Reset Search](#)

**Upload insights**

|                      |                     |                     |                   |
|----------------------|---------------------|---------------------|-------------------|
| Total Files Received | Total Prescriptions | Processing Finished | Processing Failed |
| 0                    | 0                   | 0                   | 0                 |
| ZeroReport Received  | Parsing Error       | Processing Started  | Parsing Started   |
| 0                    | 0                   | 0                   | 0                 |

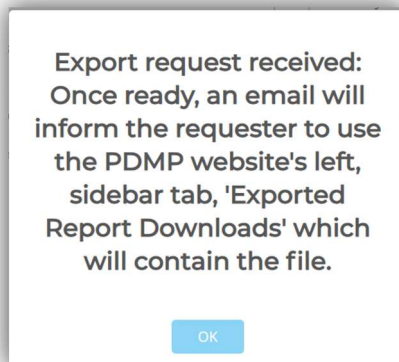
**File List**

Showing below records for the given date range : 11/06/2021 - 12/06/2021

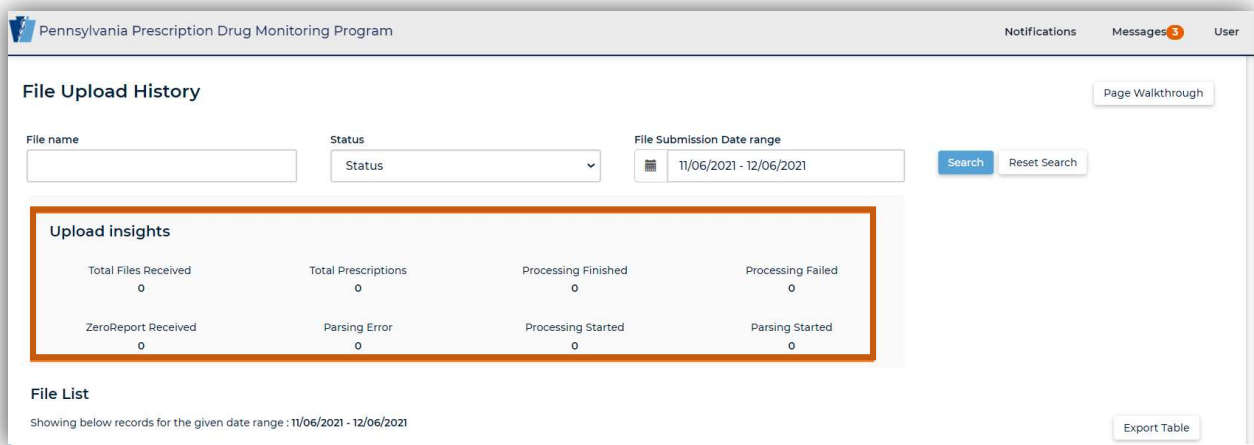
[Export Table](#)



- The data can be exported by clicking on the “**Export Table**” button.
  - The report will be generated and available in the “**Exported Reports**” section:



- The highlighted section “**Upload Insights**” on the File Upload History page shows the total count of received files, total prescriptions, total files processed successfully, total files that failed to process because of errors, total zero reports received, total records with parsing error, total count of records for which processing has started but not yet finished, and the total count of records for which parsing has started but not yet finished:



- Once you enter information into any of the searchable fields on File Upload History and click “**Search**”, the system will show all data files whose records match your search criteria.
  - **NOTE:** at any time after clicking “**Search**”, you can click the “**Back**” button in the top-right of the page to go back a page without losing your entire search.

Page Walkthrough

Back

Prescriber DEA

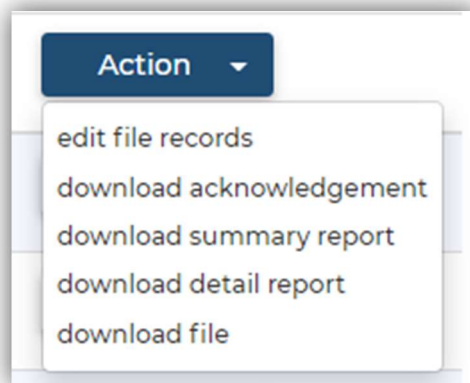
Rx Number

- Once you click “Search”, the displayed table below shows:
  - The file’s **ID** number
  - File name**
  - The **User name** of the individual who submitted the data file
  - The **IP address** from which the file was submitted
  - The total number of **prescriptions** in the data file
  - The total number of prescriptions that were **successfully submitted**
  - The total number of prescriptions that errored and thus **failed to submit**
  - The **Status** (e.g., Accepted, Processed with Errors, Duplicate) of the data file
  - The **date and time** at which the file was submitted to the PDMP
  - The **Actions** that you can perform to those records

| Ascending ▾ Descending ▾ |                                    |                           |                               |               |         |       |                          |                     |          |
|--------------------------|------------------------------------|---------------------------|-------------------------------|---------------|---------|-------|--------------------------|---------------------|----------|
| ID                       | File name                          | User name                 | IP-Address                    | Prescriptions | Success | Error | Status                   | Date ▾              | Actions  |
| 2530                     | ZERO_RPT_MANUAL__1627296323701.dat | williewood@mailinator.com | 60.243.243.156, 64.252.145.81 | 1             | 1       | 0     | Zero-report-<br>recieved | 07/26/2021 10:45:23 | Action ▾ |
| 2529                     | H-DEMO-DATA-T3.dat                 | williewood@mailinator.com | 60.243.243.156, 64.252.145.81 | 14            | 10      | 4     | Processed-with-<br>error | 07/26/2021 10:36:30 | Action ▾ |

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

- Under the “**Actions**” column, you can:



- **Edit File Records**, which shows you a list of all prescription records submitted with the data file. On this screen, you can search for a specific Rx Number. For more information on editing prescriptions, see Chapter 8 – Data Compliance.
- **Error Details**, which is only an option on data files that processed with errors. This page will display the reason for the failure of processing the file.
- **Download Acknowledgement**, which will show the pharmacy-identifying information in a CSV file.
- **Download Summary Report**, which is an Excel spreadsheet that shows: the total number of records received, accepted, and errored; the number of warnings, duplicates, and voided records. You cannot access specific prescription record information from this report.
- **Download Detailed Report**, which is an Excel spreadsheet that shows pharmacy-identifying information, prescription dispensation information, and the processing status for each prescription record.
- **Download File**, which will show all submitted values for each prescription record in a CSV file.

## 5.5 Submitted Dispensations

The “**Submitted Dispensations**” page uses pharmacy- and prescription-identifying data to search for specific prescription records. This page will show multiple records for a single prescription if multiple records have been submitted – including those that have errored and are not visible on the PDMP; accepted records; resubmissions; and duplicate records.

**Submitted Dispensations**

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 | PREGABALIN | 0   | 10/01/2021   | 05/01/2021 | Resubmitted | Action |
| DOROTHY    | DIMPLES   | 10/25/1960 | THE MEDICINE SHOPPE | JOHN LEGERE | 0700120 | PREGABALIN | 0   | 10/01/2021   | 05/01/2021 | Resubmitted | Action |
| DOROTHY    | DIMPLES   | 10/25/1960 | THE MEDICINE SHOPPE | JOHN LEGERE | 0700120 | PREGABALIN | 0   | 10/01/2021   | 05/01/2021 | Duplicate   | Action |
| DOROTHY    | DIMPLES   | 10/25/1960 | THE MEDICINE SHOPPE | JOHN LEGERE | 0710120 | PREGABALIN | 0   | 10/01/2021   | 05/01/2021 | Accepted    | Action |

- On the page, there are search parameters such as Pharmacy DEA, NPI, and License Number; Prescriber DEA, NPI, and License Number; Prescription (Rx) Number; Prescription Written and Filled Dates; Status (e.g., Accepted, Resubmitted, Processed with errors, Duplicate); and Drug Schedule (II-V).
- You can search using any combination of the above fields; click on the “**Search**” button when you are ready to search for prescription records.
  - The search can be cleared by clicking on the “**Reset Search**” button.

Search Reset Search Export Table

- Data can be exported by clicking on the “**Export Table**” button. The report will be created and sent to the “**Exported Reports**” page. For more information on accessing your reports, see Chapter 6-Exported Reports.
- The page containing your search results will display the patient’s First Name, Last Name, and DOB; Pharmacy Name; Prescriber Name; Prescription Number (Rx #); Drug Name; Calculated Morphine Milligram Equivalents (MME); Written Date; Fill Date; Status (e.g., Accepted, Resubmitted, Processed with errors, Duplicate); and **Action**, which allows you to perform various actions on individual prescription records.

Pennsylvania Prescription Drug Monitoring Program

Notifications 8Messages 17User

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:

2345All

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

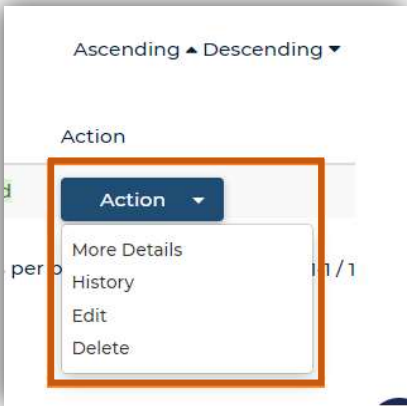
Search

Reset Search

Export Table

| 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 | PREGABALIN | 0   | 10/01/2021   | 05/01/2021 | Resubmitted | Action |
| DOROTHY    | DIMPLES   | 10/25/1960 | THE MEDICINE SHOPPE | JOHN LEGERE | 0700120 | PREGABALIN | 0   | 10/01/2021   | 05/01/2021 | Resubmitted | Action |
| DOROTHY    | DIMPLES   | 10/25/1960 | THE MEDICINE SHOPPE | JOHN LEGERE | 0700120 | PREGABALIN | 0   | 10/01/2021   | 05/01/2021 | Duplicate   | Action |
| DOROTHY    | DIMPLES   | 10/25/1960 | THE MEDICINE SHOPPE | JOHN LEGERE | 0710120 | PREGABALIN | 0   | 10/01/2021   | 05/01/2021 | Accepted    | Action |

- The “**Actions**” drop-down column has 4 options:



- **More Details**, which will result in a pop-up window that displays more prescription details such as Pharmacy DEA, Patient Address, and Schedule Drug (II-V).

Prescription Number : 202102186

|   |  |  |
|---|--|--|
| Status : <b>ACCEPTED</b>                      | Pharmacy city :<br><b>CHAMJHJKFHJFEFQ@#\$@#ERFDSBERSBURG</b> | DSP Product Id : <b>68387094360</b>          |
| Creation date : <b>06/15/2021</b>             | Pharmacy zip : <b>PA</b>                                     | DSP days supply : <b>30</b>                  |
| Transaction Id : <b>TC2</b>                   | Patient name : <b>DOLLY DIMPLES</b>                          | DSP quantity dispensed : <b>180</b>          |
| Transaction type : <b>01</b>                  | Patient city : <b>LOCK HAVEN</b>                             | DSP drug dosage unit code : <b>01</b>        |
| Release number : <b>4.2A</b>                  | Patient state : <b>PA</b>                                    | Payment type : <b>Private Pay</b>            |
| Info source entity : <b>HOGWARTS PHARMACY</b> | Patient zip : <b>60304</b>                                   | Schedule Drug : <b>2</b>                     |
| Pharmacy DEA : <b>TESTDEA40</b>               | Patient address : <b>417 FAIRGROUND RD, MILL HALL</b>        | Reporting Status : <b>00</b>                 |
| Pharmacy NPI : <b>TESTNPI40</b>               | Patient DOB : <b>10/25/1950</b>                              | Refill Number : <b>0</b>                     |
| Pharmacy name : <b>HOGWARTS PHARMACY-V2</b>   | Patient Species : <b>01</b>                                  | Refills Authorized : <b>05</b>               |
| Pharmacy phone no : <b>(717) 267-3304</b>     | Patient gender : <b>M</b>                                    | Prescriber name : <b>PARAM SINGH</b>         |
| Pharmacy contact name : <b>N/A</b>            | DSP Prescription number : <b>202102186</b>                   | Prescriber DEA : <b>BR5799401</b>            |
| Pharmacy chain id : <b>~AA2654</b>            | DSP Prescription written date : <b>06/19/2021</b>            | Prescriber NPI : <b>1023011181</b>           |
|   | DSP Prescription date filled : <b>06/19/2021</b>             | Prescriber State License Number : <b>N/A</b> |

Close

- **History** will show all of the activity on the prescription record, such as details for the last time someone made an edit to the record.

Prescription Number : 12111512

Show more data

Show 10 entries

Search:

| Patient name | Patient DOB | Patient address                        | Status  | Creation date | Update At  | Update By                       | User Role  |
|--------------|-------------|--|---------|---------------|------------|---------------------------------|------------|
| PARAM SINGH  | 05/23/1987  | 417 FAIRGROUND RD, MILL HALL, PA 17751 | ERRORED | 04/28/2021    | 05/21/2021 | walgreenpharmacy@mailinator.com | Pharmacist |
| PARAM SINGH  | 05/23/1987  | 417 FAIRGROUND RD, MILL HALL, PA 17751 | ERRORED | 04/28/2021    | 05/21/2021 | walgreenpharmacy@mailinator.com | Pharmacist |

Showing 1 to 2 of 2 entries

Previous 1 Next

Close

- **Edit**, which allows you to edit the file details in the pop-up window that appears. You can edit the Pharmacy Details, Patient Details, DSP Description, Prescriber Details, and provide comments in the Comment section. After editing, click on the “**Update**” button to view the changes made. For more information on editing prescriptions, see Chapter 8 – Data Compliance.

Prescription Number : 12111512

Transaction id  
TC2

Pharmacy details ▲

|   |                                 |                                 |                               |
|---|---------------------------------|---------------------------------|-------------------------------|
| Pharmacy name<br>HOGWARTS WTST PHARMACY | Pharmacy Dea number<br>12341231 | Pharmacy NPI<br>TESTNPI1        | Pharmacy Ncpdp for pdp<br>N/A |
| Address 1<br>925 NORLAND AVE            | Address 2<br>N/A                | City<br>CHAMJHJKFHJFEFQ@#\$@#EF | State<br>PA                   |
| Zip<br>N/A                              | Phone number<br>(717) 267-3304  | Chain id<br>~^^2654             |                               |

Patient details ▲

|                            |                                     |  |                              |
|----------------------------|-------------------------------------|--|------------------------------|
| Patient id<br>N/A          | Patient first name<br>PARAM         | Patient middle name<br>N/A                     | Patient last name<br>SINGH   |
| Patient gender<br>M        | Patient date of birth<br>05/23/1987 | Patient address<br>417 FAIRGROUND RD, MILL HAI | Patient city<br>MADISON      |
| Patient state<br>IL        | Patient zip<br>60304                | Patient phone number<br>N/A                    | Patient provider code<br>N/A |
| Patient qualifier<br>03    | Patient provider code<br>N/A        | Patient qualifier 2<br>N/A                     | Patient id 2<br>N/A          |
| Patient name prefix<br>N/A | Patient name suffix<br>N/A          | Patient species<br>02                          | Patient location code<br>10  |

Patient non uscn  
N/A

Patient name of animal  
N/A

DSP description ▲

|   |  |   |   |
|---|--|---|---|
| DSP prescription number<br>12111512               | DSP prescription date filled<br>05/16/2021 | DSP Prescription written date<br>05/16/2021 | DSP Product Id<br>00005334643                       |
| DSP days supply<br>90                             | DSP quantity dispensed<br>180              | DSP drug dosage unit<br>01                  | DSP reporting status<br>00                          |
| DSP refills authorized<br>05                      | DSP refill number<br>0                     | DSP productid qualifier<br>01               | DSP transmission form<br>01                         |
| DSP partial fill indicator<br>00                  | DSP pharmacist npi<br>N/A                  | DSP Pharmacist license number<br>N/A        | DSP Payment type code<br>Private Pay                |
| DSP date sold<br>N/A                              | DSP Rxnorm product qualifier<br>N/A        | DSP Rxnorm code<br>N/A                      | DSP Electronic prescription reference number<br>N/A |
| DSP Electronic prescription order number<br>ICD10 |  |   |   |

Prescriber details ▲

|                            |                                    |                               |                               |
|----------------------------|------------------------------------|-------------------------------|-------------------------------|
| Prescriber dea<br>DEA98765 | Prescriber first name<br>PHYSICIAN | Prescriber middle name<br>N/A | Prescriber last name<br>PARFP |
| Prescriber phone no<br>N/A | Prescriber DEA suffix<br>N/A       | Prescriber NPI<br>NPI8599     | Prescriber State LIC<br>N/A   |

☐ Contested Prescription

Reason for edit

Add comment

Comment history ▼

Update

Close

- **Delete** will delete the record from the PDMP Portal. This action is not recommended for dispensed prescriptions unless an Accepted version of the prescription is already submitted to the PDMP.

Are you sure?

Do you want to delete the record

Yes Cancel

## 5.6 Manual Form Submission

The “**Manual Form Submission**” (also known as the Universal Claim Form or UCF) page allows you to manually submit prescription dispensation information.

Pennsylvania Prescription Drug Monitoring Program

Notifications 1 Messages 3 User

Manual Form Entry (UCF) Form For Dispensing Medications

Page Walkthrough

Patient information ▼

Animal ☐

First Name \* Patient First Name

Last Name \* Patient Last Name

Middle Name Patient Middle Name

Patient Suffix Patient Suffix

Date of birth \* MM/DD/YYYY

Gender \* Select Gender

Address \* Street Address

Address 2 Address 2

State \* Select a state

City \* Select a city

ZIP code \* Zip

Patient ID type Select patient ID type

Patient ID Patient ID

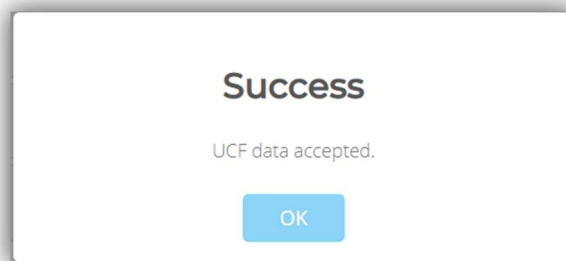
Phone number \* Phone number

Must be in (000)000-0000 format



- The form has several sections that require Patient, Dispensary, Pharmacist, and Prescriber information.
- You must enter all mandatory fields, which are marked by an asterisk (\*).
- You may submit information for more than one patient at a time – click on the “**Add New Prescription**” button towards the bottom of the page to begin entering information for additional records.

- Once all of your data is entered, click on the “**Submit**” button to send the data to the PDMP system.
- A pop-up appears showing that the data has been processed successfully.



- Once you click the “**OK**” button, the page will automatically take you to the “**File Upload History**” page. You can view your data file there, as explained in section 5.4 – File Upload History.

## 5.7 Vendor Uploads

The “**Vendor Uploads**” page can only be viewed by the PIC (Pharmacist in Charge). This page provides an overview of the file records that a third-party vendor (such as a software vendor acting as a data submitter) has uploaded on behalf of the pharmacy.

Copyright © 2009-2023 LogiCoy Inc.

All rights reserved. Do not copy or distribute without the written permission of LogiCoy. Inc

Vendor Uploads

File name ?

Status ?

Date range ?

11/07/2021 - 12/07/2021

Apply Filter

Reset Filter

Showing below records for the given date range : 11/07/2021 - 12/07/2021

Export Table

| ID   | File name           | User name                  | IP-Address         | Records | Status              | Date                | Actions |
|------|---------------------|----------------------------|--------------------|---------|---------------------|---------------------|---------|
| 3180 | Q5L_20211160228.dat | robertsmith@mailinator.com | sftp://72.30.0.203 | 37      | Processing-failed   | 12/02/2021 03:56:59 | Action  |
| 3181 | Q5L_20211140145.dat | robertsmith@mailinator.com | sftp://72.30.0.203 | 5       | Processing-finished | 12/02/2021 03:58:14 | Action  |
| 3145 | 23112021.dat        | Christina.j@mailinator.com | sftp://72.30.0.203 | 1       | Processing-finished | 11/24/2021 11:59:41 | Action  |

Vendor Uploads

File name ?

Status ?

Date range ?

11/07/2021 - 12/07/2021

Showing below records for the given date range : 11/07/2021 - 12/07/2021

| ID   | File name           | User name                  | Records | Status              | Date                |
|------|---------------------|----------------------------|---------|---------------------|---------------------|
| 3180 | Q5L_20211160228.dat | robertsmith@mailinator.com | 37      | Processing-failed   | 12/02/2021 03:56:59 |
| 3181 | Q5L_20211140145.dat | robertsmith@mailinator.com | 5       | Processing-finished | 12/02/2021 03:58:14 |

- You can search for the **File name** of the data file, the **Status** (e.g., Processing finished, Processing failed), and the **Date range** for which the data file was submitted.
- The data can be exported by clicking on the “**Export Table**” button. The report will be generated and available in the “**Export Reports**” section.

Page Walkthrough

Apply Filter

Reset Filter

Export Table

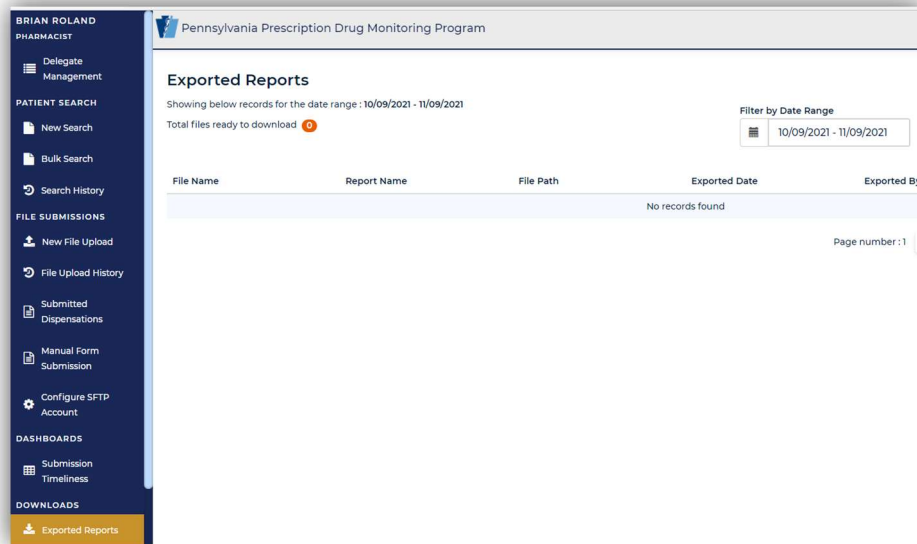
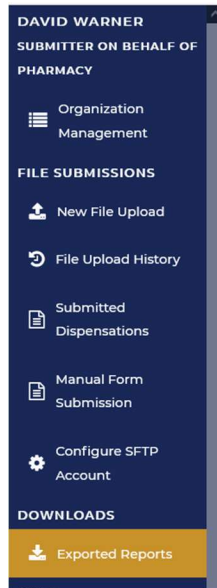
- More information on this page can be found in section 8.4 – Vendor Uploads (PIC Access Only).

## 6 Exported Reports

The “**Exported Reports**” module allows you to download the reports that have already been exported from a PDMP search.

### 6.1 Downloading Export Reports

- The reports can be downloaded by click on the “**Exported Report**” option, found on the below navigation panel:



- This page provides easy access to all of the reports that you have exported.
- You can filter searches using Date Range parameters. You can also use the search tab to sort through various

records to search for a specific name. Click on “**Search Table**” to look for a specific file name, Report Name type, or exporter email address.

Exported Reports

Showing below records for the date range : 11/09/2021 - 12/09/2021

Total files ready to download 5

Filter by Date Range: 11/09/2021 - 12/09/2021

| File Name                | Report Name                 | File Path               | Exported Date       | Exported By                   | Action   |
|--------------------------|-----------------------------|-------------------------|---------------------|-------------------------------|----------|
| ZERO_RPT_MANUAL___163... | File Summary Report         | /efs/fileProcessor/f... | 12/06/2021 11:51:52 | harry_pharmacy@mailinator.com | Download |
| ZERO_RPT_MANUAL___163... | File Detail Report          | /efs/fileProcessor/f... | 12/06/2021 11:51:52 | harry_pharmacy@mailinator.com | Download |
| david0806_2021120611...  | File Summary Report         | /efs/fileProcessor/f... | 12/06/2021 11:41:16 | harry_pharmacy@mailinator.com | Download |
| david0806_2021120611...  | File Detail Report          | /efs/fileProcessor/f... | 12/06/2021 11:41:16 | harry_pharmacy@mailinator.com | Download |
| PDMP_Patient_Search_...  | PDMP Transaction log report | /home/ec2-user/gy_p...  | 12/06/2021 11:08:41 | harry_pharmacy@mailinator.com | Download |

Page number: 1 Previous Next Items per page: 10 Showing - 1-5 / 5

Exported Reports

Showing below records for the date range : 11/09/2021 - 12/09/2021

Total files ready to download 5

Filter by Date Range: 11/09/2021 - 12/09/2021

Search Table

- To download the report, click on the “**Download**” button to the right of the desired report. The report will be downloaded in “**.xls**” format and will be opened as an Excel file.
- The table displays all of the information related to the file export, such as the File Name, Report Name, File Path, Job Name, the date the file was exported, and Action to download the report.

## 7 PDMP Messages and Outreach

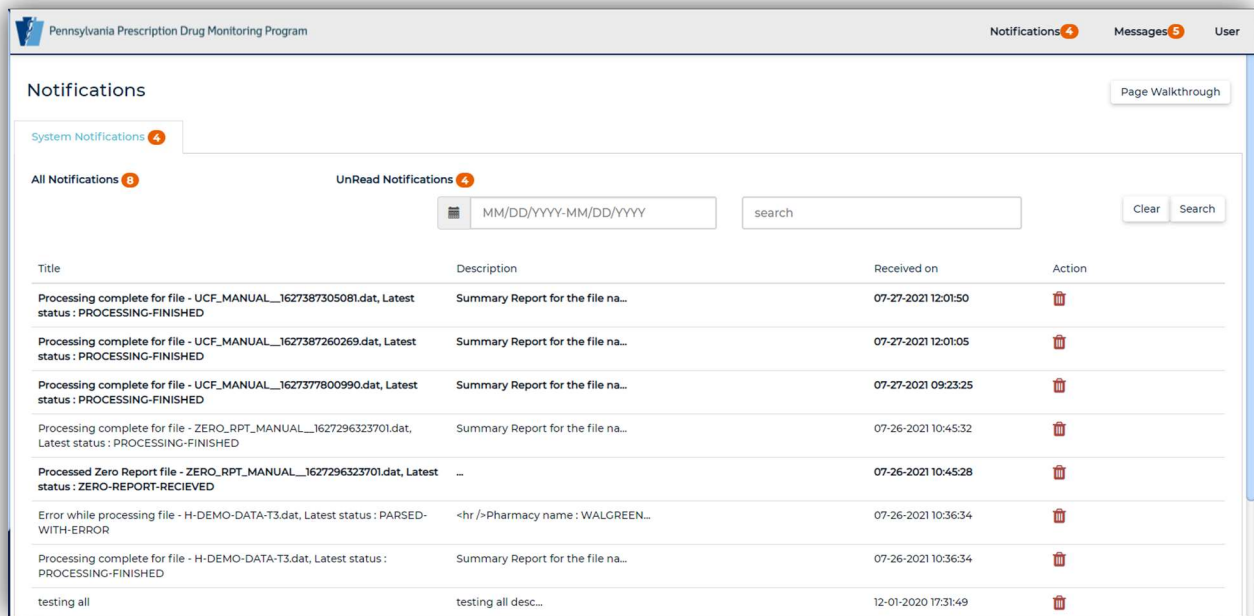
This section guides you through viewing and receiving messages and notifications received within the PDMP portal, as well as emailed notifications from the PDMP system.

### 7.1 Notifications

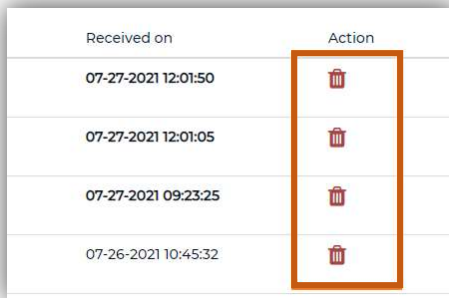
- As a PDMP user, you will be receiving system notifications specific to the pharmacy with which you are associated.



- You will receive updates about the processing status of files that have been submitted to the PDMP.

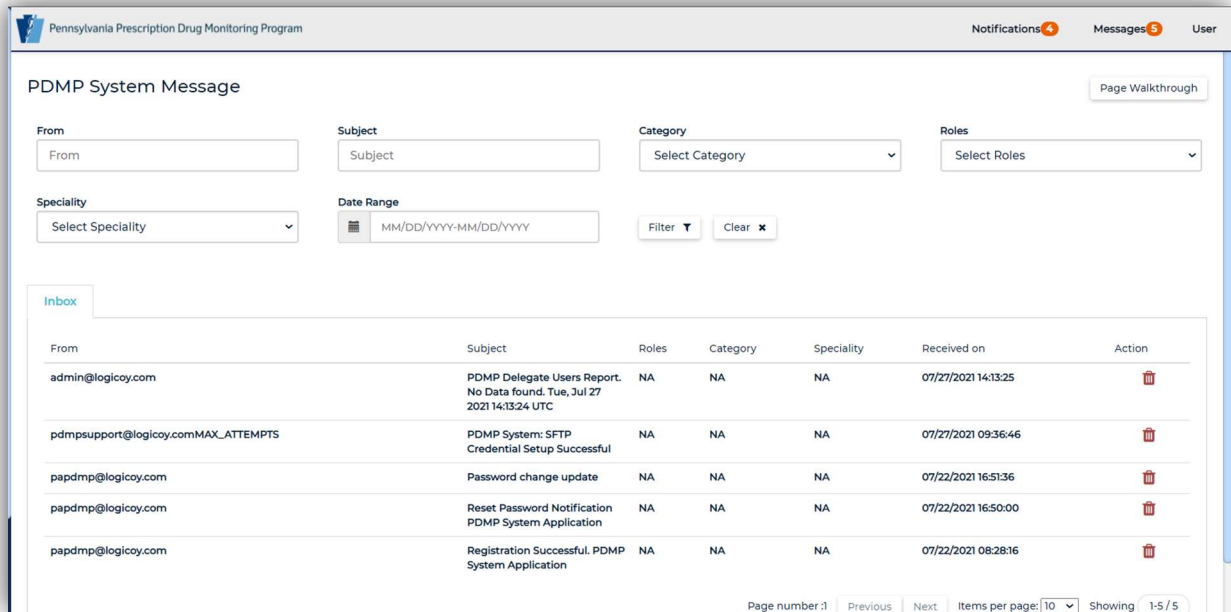
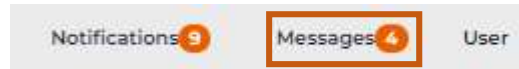


- You may delete messages by clicking on the “Bin” icon, found under the “Action” column:



## 7.2 Messages

- All updates regarding your PDMP account – such as new delegates requesting permission, generic updates, and sFTP credentials – are received as messages and can be viewed under “**Messages**”.



- You may delete messages by clicking on the “**Bin**” icon, found under the “**Action**” column:

| Received on         | Action |
|---------------------|--------|
| 07-27-2021 12:01:50 |        |
| 07-27-2021 12:01:05 |        |
| 07-27-2021 09:23:25 |        |
| 07-26-2021 10:45:32 |        |

## 7.3 Email Reports

Email status reports will be automatically sent to the users associated with a data submitter account. The emailed reports are used to both identify errors in files that have been submitted and confirm a zero report submission.

---

### 7.3.1 File Failed Report

- The File Failed Report identifies if the submitted file was not able to be parsed and was thus not processed into the PDMP. The file contains a description of the error encountered within the file. In the event of a failed file, a new file should be submitted with the necessary corrections. Failed files are not parsed into the PDMP and do not require a Void ASAP file to remove them from the system. An example of a File Fail Report is:

An error has occurred while processing your ASAP file.

Reason:

---

Pharmacy name : Test Pharmacy, pharmacy DEA : TestDEA, prescription number : TestRx, Dispensing Record Number : 1

**ERROR** : PHA.1, Column name : pha01\_npi\_by\_cms, Value given : 1235448654, A valid value expected for : PHA.1, field maximum length validation failed! Allowed maximum length : 10

---

Pharmacy name : Test Pharmacy, pharmacy DEA : TestDEA, prescription number : TestRx, Dispensing Record Number : 2

**ERROR** : PHA.1, Column name : pha01\_npi\_by\_cms, Value given : 1235448654, A valid value expected for : PHA.1, field maximum length validation failed! Allowed maximum length : 10

For technical support, please contact [papdmp@logicoy.com](mailto:papdmp@logicoy.com) or call 1-844-377-7367 (1-844-377-PDMP).

### 7.3.2 File Status Report

- The File Status report is a report sent to notify the data submitter that a data file is currently being parsed by the PDMP system. The report notifies users of the following scenarios:
  - **Records Received:** The total number of records contained in the submitted data file
  - **Records Accepted:** The total number of records that have successfully been imported into the PDMP system.
  - **Total Errors:** Shows how many records contain errors. These errors will need to be corrected for the record to be imported into the PDMP system. If a zero (0) is displayed, then there are no errors in the data.
  - **Total Warnings:** Shows how many records contain warnings. These warnings do not need to be corrected for the record to be imported into the PDMP system. If a zero (0) is displayed, then there are no warnings

in the data.

- **Total Duplicates:** The number of records that were identified as already existing within the PDMP system. Duplicate records are not imported to prevent improper patient information.
- **Total Voided:** The total number of records that were sent as voids to remove existing records from the PDMP. If a zero (0) is displayed, then no void records have been submitted.
- The email containing the File Status Report will also contain two attachments:
  - **Summary Report:** This will be a CSV file that provides the total number of prescriptions uploaded with the creation date, total errors, duplicates, etc. – everything iterated in the body of the email.
  - **Detail Report:** This will be a CSV file that provides the individual prescription records uploaded in the data file, including but not limited to the prescription number, file status (accepted, failed with errors, etc.), and the pharmacy information.
- An example of a File Status Report email is:

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

#### Summary Report

File Name : 4.2LogicoyTestFile.dat, submitted to Pennsylvania PDMP application is as below.

#### Transaction Header

4.2,61275,01,,20220919,101730,T,,

#### Summary

Records Received: 2

Records Accepted: 0

Total Errors: 2

Total Warnings: 0

Total Duplicates: 0

Total Voided: 0

For technical support, please contact [papdmp@logicoy.com](mailto:papdmp@logicoy.com) or call 1-844-377-7367 (1-844-377-PDMP).



### 7.3.3 Zero Report Confirmation

A Zero Report confirmation email is sent to the data submitter who successfully submits a zero report to the PA PDMP.

The report displays:

- **File Name:** The File Name submitted
- **Information Source:** The pharmacy or software vendor that submitted the zero report
- **Total Number Of Pharmacies Sent Zero Report Data**
- **Pharmacy Name**
- **Filled Date**
- **File Creation Date**
- An example of a Zero Report Confirmation email is:

Your Zero Report for the Pennsylvania PDMP has been received. Please review and save the following information for your records.

Zero report Transaction Header : 4.2,0000,01,,20230210,205847,P,,

Transaction id : 0000

Transaction date : 20230210 205847

Summary:

File name : ZERO\_RPT\_MANUAL\_\_1676062727651.dat

Information Source : PHARMACY NAME

Total Number Of Pharmacies Sent Zero Report Data : 1

Pharmacy name : TEST PHARMACY

Filled Date : 2023-02-08

File creation date : Fri Feb 10 20:58:57 UTC 2023

For technical support, please contact [papdmp@logicoy.com](mailto:papdmp@logicoy.com) or call 1-844-377-7367 (1-844-377-PDMP).

## 8 Data Compliance

Data Compliance allows the PDMP user to view the status of data files that they have submitted and make appropriate edits.

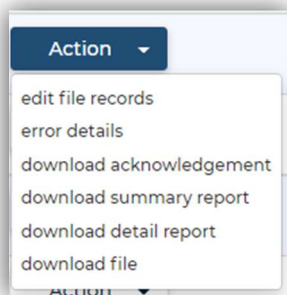
### 8.1 File Upload History

The “**File Upload History**” screen displays prescription record information extracted from the data files submitted to the PA PDMP portal.

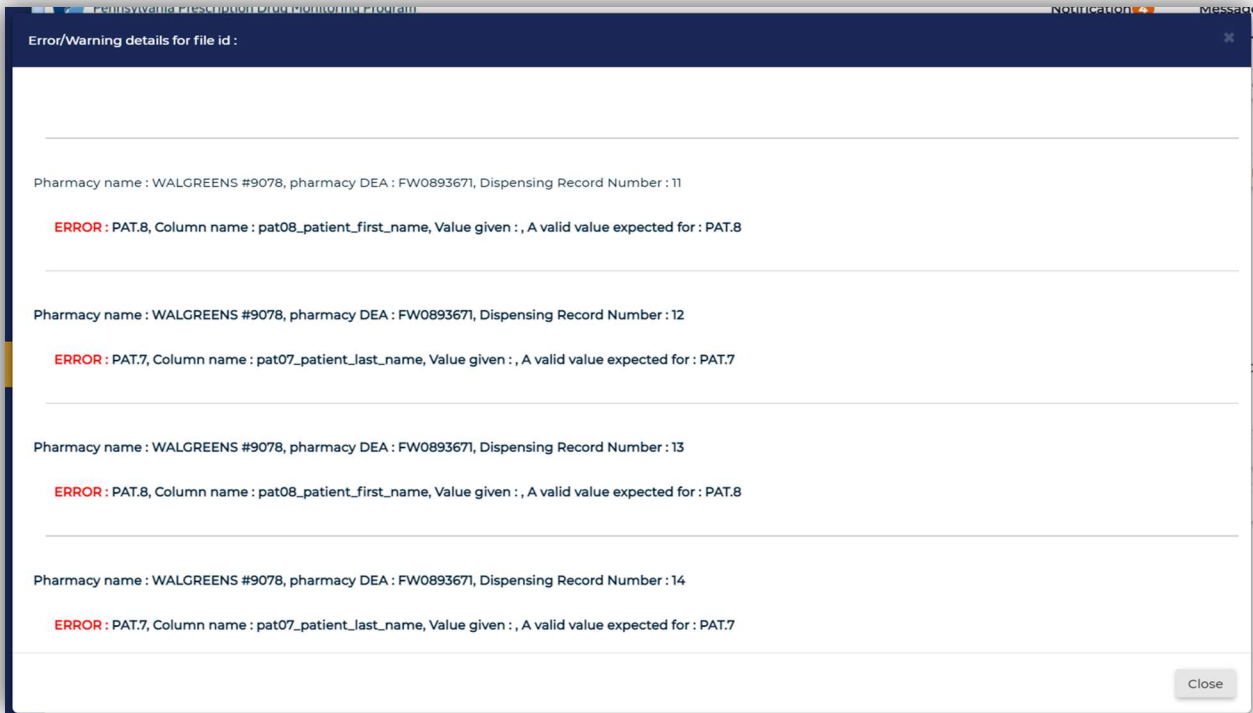
- For more information on using “**File Upload History**” to correct errors, go to section 8.2 – View or Edit File Records.
- For more information on using the “**File Upload History**” page to research data files, refer to section 5.4 – File Upload History.

### 8.2 View or Edit File Records

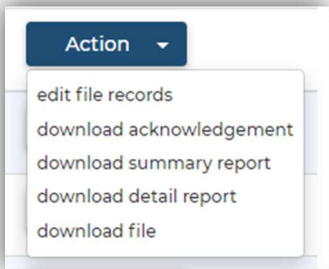
- On the “**File Upload History**” page, under the “**Action**” column, select “**Action**” and the drop-down option “**Edit File Records**”. This will not open a screen for editing records, but it will allow you to view the records within a selected data file – this includes Accepted records as well as those that failed with errors.
- For a file with parsing error, you will get the below drop-down options:



- Select “**edit file records**” to get a view-only screen of the individual prescription records. This page will also lead to error correction, which is covered in Section 8.3 – Error Correction.
- Select “**error details**” to view the reason(s) that the file failed. This page is informational only, but it does show you which fields on prescriptions contain the errors:



- For a successfully processed file, you will get the below drop-down options. Select “**edit file records**” to get a view-only screen of the individual prescription records. This page will also lead to error correction, which is covered in section 8.3 – Error Correction.



- Once on the “**edit file records**” page, you will be faced with the individual prescription records submitted in the data file.

File Upload History

Page Walkthrough

File name

Status

File Submission Date range

Exclude Zero Report

Search

Reset Search

Upload insights

Total Files Received

5

Total Prescriptions

37

Processing Finished

0

Processing Failed

0

ZeroReport Received

3

Parsing Error

1

Processing Started

0

Parsing Started

0

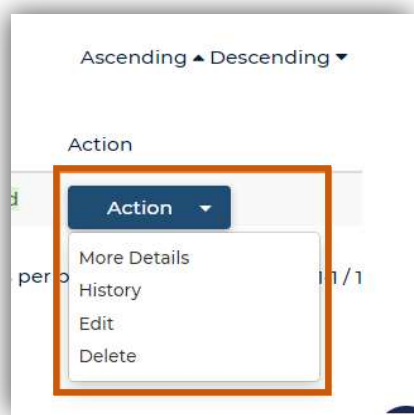
File List

Showing below records for the given date range : 01/13/2023 - 02/13/2023

Export Table

| ID    | File name                              | User name      | IP-Address              | Prescriptions | Success | Error | Status               | Date                | Actions |
|-------|--|----------------|-------------------------|---------------|---------|-------|----------------------|---------------------|---------|
| 58768 | ZERO_RPT_MANUAL__167<br>6301252228.dat | jinx@heist.com | 8.20.65.4, 64.252.66.85 | 1             | 0       | 1     | Zero-report-received | 02/13/2023 03:14:12 | Action  |
| 58769 | ZERO_RPT_MANUAL__167<br>6301252252.dat | jinx@heist.com | 8.20.65.4, 64.252.66.85 | 1             | 0       | 1     | Zero-report-received | 02/13/2023 03:14:12 | Action  |
| 58770 | ZERO_RPT_MANUAL__167<br>6301252279.dat | jinx@heist.com | 8.20.65.4, 64.252.66.85 | 1             | 0       | 1     | Zero-report-received | 02/13/2023 03:14:12 | Action  |

- The “Action” column next to each prescription record will have the following options:



- Under the “Action” column, when you select “More Details”, a window will pop up showing applicable fields on the prescription, including the fields that failed:

Drug Monitoring Program

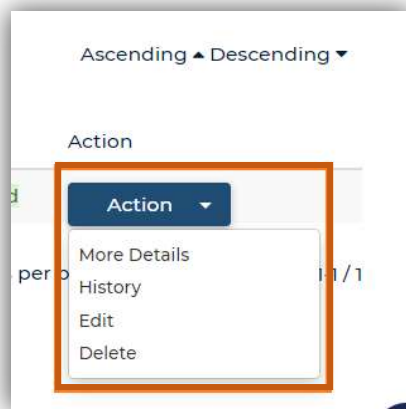
Prescription Number : 21112223223457

■ Error ■ Warning

|                                   |  |   |
|-----------------------------------|--|---|
| Status : ERRORED                  | Pharmacy city : PITTSBURGH                 | DSP Product Id : 12312314               |
| Creation date : 12/12/2022        | Pharmacy state : PA                        | DSP days supply : 30                    |
| Transaction Id : 36               | Pharmacy zip : 15213                       | DSP quantity dispensed : 30             |
| Transaction type : 01             | Patient name : TONY STARK                  | DSP drug dosage unit code : 12          |
| Release number : 4.2A             | Patient city : CITY1                       | Reporting Status : 1                    |
| Info source entity : TEST123      | Patient state : PA                         | Refill Number : 1                       |
| Pharmacy DEA : FP0523832          | Patient zip : N/A                          | Refills Authorized : 2                  |
| Pharmacy NPI : 1225442890         | Patient address : PAT ADD1                 | Prescriber name : NIAL PRENDERGAST      |
| Pharmacy name : PRENDERGAST, NIAL | Patient DOB : 12/12/2022                   | Prescriber DEA : FP0523832              |
| Pharmacy phone no : 2342343423    | Patient Species : 01                       | Prescriber NPI : 1225442890             |
| Pharmacy contact name : PARAM     | Patient gender : M                         | Prescriber State License Number : ADFSD |
| Pharmacy chain id : CH123         | DSP Prescription number : 21112223223457   |   |
|                                   | DSP Prescription written date : 12/12/2022 |   |
|                                   | DSP Prescription date filled : 01/26/2023  |   |

Close

- The line on which there is a Red triangle with an exclamation point – in this case, the “**Patient zip**” field – needs a viable entry in order for the record to be Accepted.
- Once this error is fixed, the record will be Accepted and posted successfully to the PDMP.
- Please go to the next section of Data Compliance (section 8.3 – Error Correction) to learn how to submit corrections for Errored records.
- The next drop-down option under the “**Action**” column, “**History**”, will bring up any changes completed to this individual record.



- If the “**History**” window that prompts is blank, then no PDMP user has worked on the record.

Drug Monitoring Program

Prescription Number :

| Pharmacy<br>EA   | Error<br>In<br>Filed(s) | DSP<br>Prescription<br>number | DSP<br>Prescription<br>date Filled | DSP<br>Prescription<br>date<br>Written | DSP<br>Drug<br>Doses<br>Unit<br>Code | Prescriber<br>DEA | Prescriber<br>Name | Pharmacy<br>name | Patient<br>city | Patient<br>state | Patient<br>zip | DSP<br>Product<br>Id | DSP<br>days<br>supply | DSP<br>quantity<br>dispensed | Reason<br>For<br>Edit |
|------------------|-------------------------|-------------------------------|------------------------------------|--|--------------------------------------|-------------------|--------------------|------------------|-----------------|------------------|----------------|----------------------|-----------------------|------------------------------|-----------------------|
| No records found |                         |                               |                                    |  |                                      |                   |                    |                  |                 |                  |                |                      |                       |                              |                       |

Close

- If there is information in the window, then another PDMP user has viewed the record and made some sort of change.

Prescription Number : 0634799

| Patient<br>name | Patient<br>DOB | Patient<br>address | Status  | Creation<br>date | Update At  | Update By      | User Role                                | Pharmacy<br>DEA | Error In<br>Field(s) | DSP<br>Prescription<br>number | DSP<br>Prescription<br>date Filled | DSP<br>Prescription<br>date<br>Written | DSP<br>Drug<br>Dose<br>Unit<br>Code |
|-----------------|----------------|--------------------|---------|------------------|------------|----------------|--|-----------------|----------------------|-------------------------------|------------------------------------|--|-------------------------------------|
|                 |                | 155 HORSESHOE DR   | ERRORED | 09/19/2022       | 02/13/2023 | jinx@heist.com | Submitter<br>On Behalf<br>Of<br>Pharmacy |                 | Pharmacy<br>NPI      | 0634799                       | 09/18/2022                         | 09/18/2022                             | 01                                  |

Close

- If you scroll all the way to the right on the window, there is a column titled “**Reason for Edit**” – the PDMP user who submitted a change to the record can free-text the reason for submitting a change to the record, and that text will be present in this column.

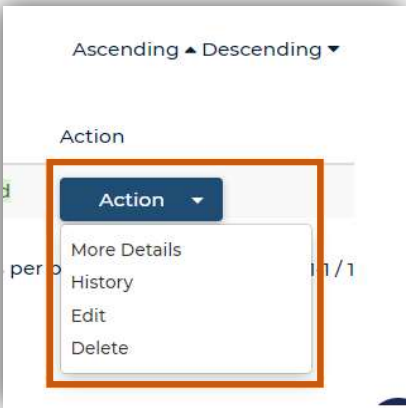
Prescription Number : 064704

| Error In<br>Field(s) | DSP<br>Prescription<br>number | DSP<br>Prescription<br>date Filled | DSP<br>Prescription<br>date<br>Written | DSP<br>Drug<br>Doses<br>Unit<br>Code | Prescriber<br>DEA | Prescriber<br>Name | Pharmacy<br>name | Patient<br>city | Patient<br>state | Patient<br>zip | DSP<br>Product Id | DSP<br>days<br>supply | DSP<br>quantity<br>dispensed | Reason For<br>Edit   |
|----------------------|-------------------------------|------------------------------------|--|--------------------------------------|-------------------|--------------------|------------------|-----------------|------------------|----------------|-------------------|-----------------------|------------------------------|--|
| Pharmacy<br>NPI      | 064704                        | 09/18/2022                         | 09/18/2022                             | 01                                   |                   |                    |                  | EFFORT          | PA               | 18330          | 00591085301       | 30                    | 900                          | test file,<br>correcting<br>for History<br>tab to have<br>information. |

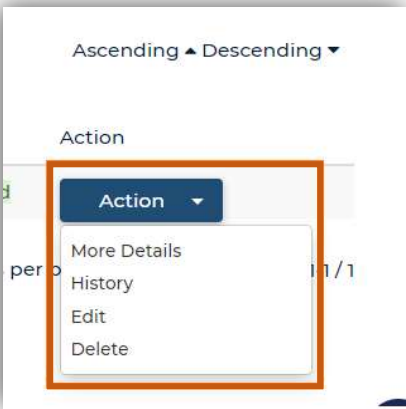
Close

- The “**Edit**” drop-down option is for submitting changes to the record; this can be used to submit Errored corrections (covered in section 8.3 – Error Correction) or to update information on the record, such as updating a patient’s

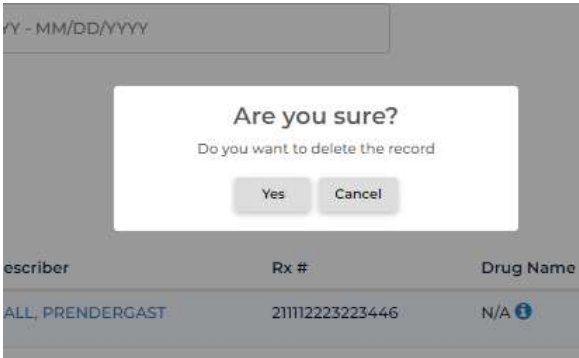
address.



- Finally, the “Delete” drop-down option is for removing a record from the data file.



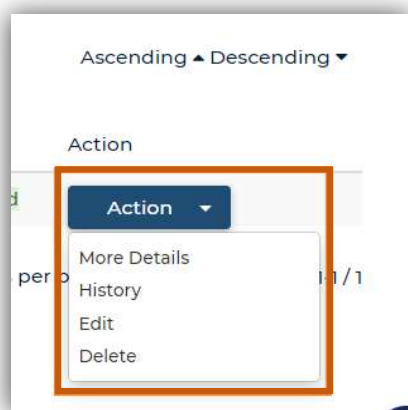
- This is an option if a record is Errored – meaning it has never displayed on the PDMP – and you are willing to submit a new record to replace it.
- When you select Delete, a window will display asking if you are sure that you want to delete the record.



- **The Delete option should rarely be used by PDMP users:** it does not replace voiding a record and could in fact cause errors in the system if the record is already Accepted.
- If you determine that you do not want to delete the record, select **“Cancel”**, and the record will remain a part of the file.

## 8.3 Error Correction

- The **“Edit”** drop-down option from **“File Upload History”** allows a PDMP user to make corrections to Errored records.



- When you select the **“Edit”** option, you open a window which allows you to make changes to the record. If there are Errored fields, they are highlighted in Red and will look similar to the below test file:

| Patient details ▲          |                                     |                                     |                            |
|----------------------------|-------------------------------------|-------------------------------------|----------------------------|
| Patient id<br>12312        | Patient first name<br>TONY          | Patient middle name<br>JEET         | Patient last name<br>STARK |
| Patient gender<br>M        | Patient date of birth<br>12/12/2022 | Patient address<br>PAT ADD1         | Patient city<br>CITY1      |
| Patient state<br>PA        | Patient zip<br><b>N/A</b>           | Patient phone number<br>31231131111 | Patient provider code<br>1 |
| Patient qualifier<br>12    | Patient provider code<br>31231      | Patient qualifier 2<br>3123         | Patient id 2<br>432242     |
| Patient name prefix<br>MR. | Patient name suffix<br>BAWA         | Patient species<br>01               | Patient location code<br>1 |
| Patient non uscn<br>US     | Patient name of animal<br>N/A       |                                     |                            |

- As you can see, the **“Patient zip”** field is bright Red and requires a valid entry before the record can be Accepted into the PDMP.



**To correct an Errored record:**

- Identify all of the displayed fields that require corrections – meaning all of the Red highlighted fields.
- Remove the value in the first Errored field and enter the correct information. Repeat this step for all Errored fields on the record.
- The bottom of the screen has two fields – “**Reason for edit**” and “**Add comment**”. These free-text boxes should be used prior to clicking Update.
  - “**Reason for edit**” – put a brief statement of why the update is being submitted. You will not be able to click “**Update**” without entering a value in this box.
  - “**Add comment**” – provide any relevant details around why the update is being submitted. Unlike “**Reason for edit**”, this free-text box is not required.

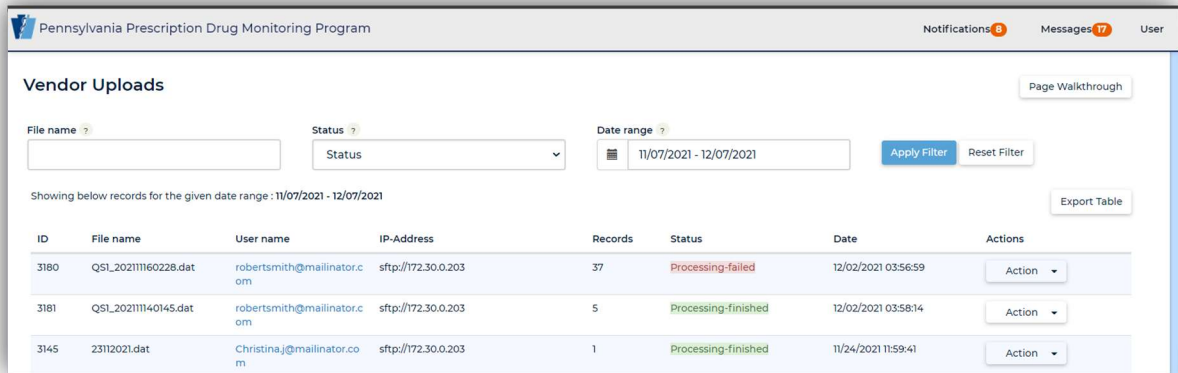
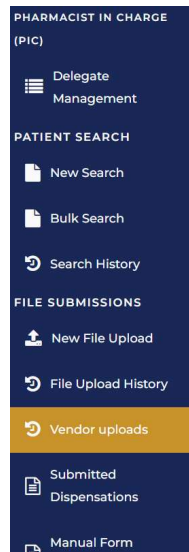
The screenshot shows a web form for updating a record. At the top left is a checkbox labeled "Contested Prescription". To its right are two side-by-side text input fields. The first is labeled "Reason for edit" and the second is labeled "Add comment". Below these fields is a light blue horizontal bar containing a "Comment history" dropdown menu. At the bottom center of the form are two buttons: a white "Cancel" button and a blue "Update" button.

- Click the “**Update**” button to submit corrections. The record will be processed through the validation rules.
  - If the changes **pass** validation, the file will be in Accepted status and be submitted to the PDMP. This is instantaneous.
  - If the changes **fail** to pass the validation rules, the record will continue to be identified as an Errored record and thus not visible on the PDMP.

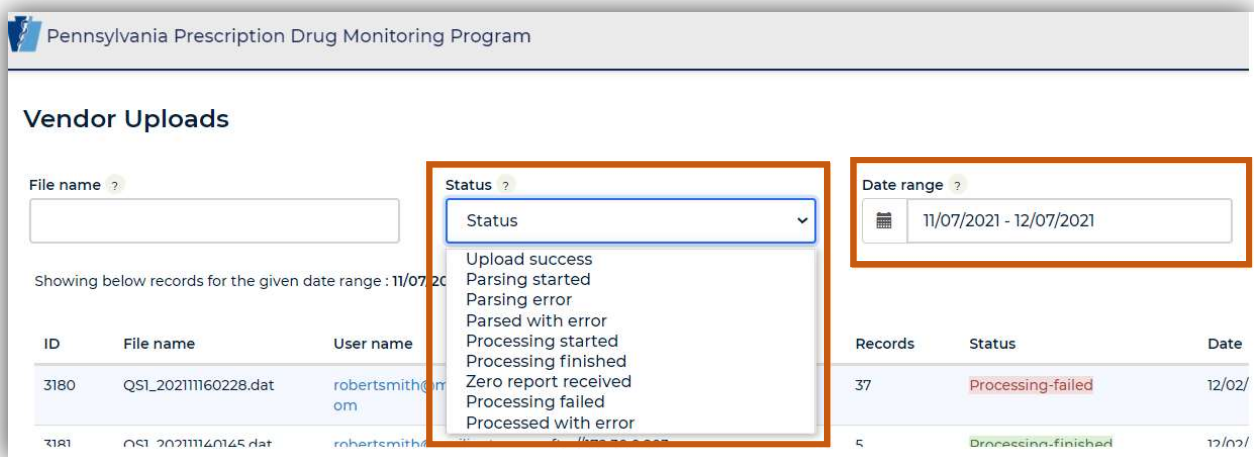
## 8.4 Vendor Uploads (PIC Access Only)

The “**Vendor Uploads**” section provides an overview of the data files that your software vendor has uploaded on behalf of your pharmacy. The search features are identical to those on the “**File Upload History**” page, but the files submitted by software vendors are not visible on “**File Upload History**”.

- This feature can be viewed only by the PIC (**Pharmacist In Charge**); therefore, software vendor-submitted data files can only be accessed by the software vendor and the PIC.

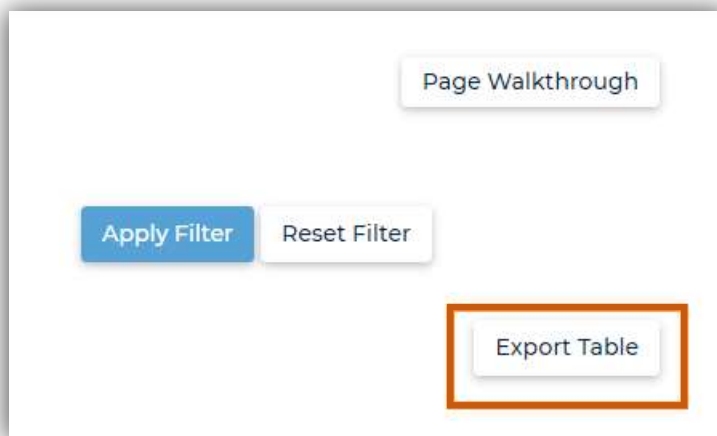


- You can search for submitted data files based on the “File name”, “Status”, and “Date range”.

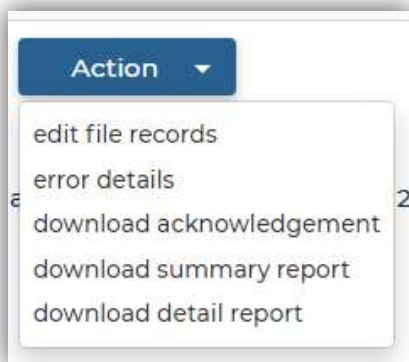


- The data can be exported by clicking on the “Export Table” button.

Copyright © 2009-2023 LogiCoy Inc.



- The report will be generated and available in the “**Exported Reports**” section.
- The page displaying your search results contains columns for:
  - “**ID**” – a way to identify the individual data files
  - “**File name**” – the name of the data file, which was submitted by your software vendor
  - “**User name**” – the email address on the PDMP account that submitted the data file
  - “**IP address**” – the IP address from which the data file was submitted
  - “**Records**” – the number of records in the file
  - “**Status**” – the processing status of the data file (whether it was accepted or rejected with errors)
  - “**Actions**” – a drop-down list of actions to perform on the data file and its individual prescription records



- For more information on “**edit file records**”, refer to section 8.3 – Error Correction.
- For more information on “**error details**”, refer to section 8.2 – View or Edit File Records.
- For more information on the descriptions for the downloadable reports, refer to section 5.4 – File Upload History.

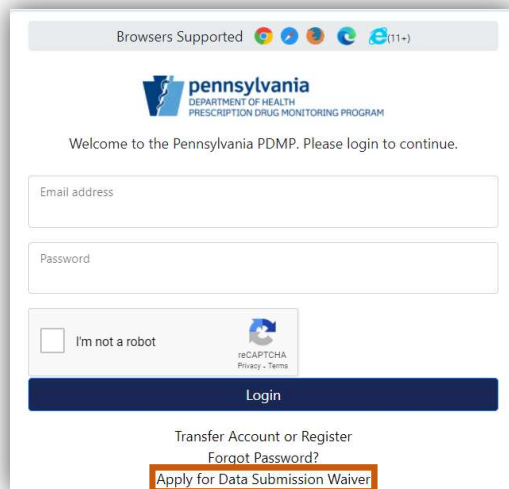
## 9 Apply for Data Waiver Submission

This chapter guides you through how to apply for data submission waiver. These waivers do not waive the requirement to submit applicable data, but they can be submitted for the following reasons:

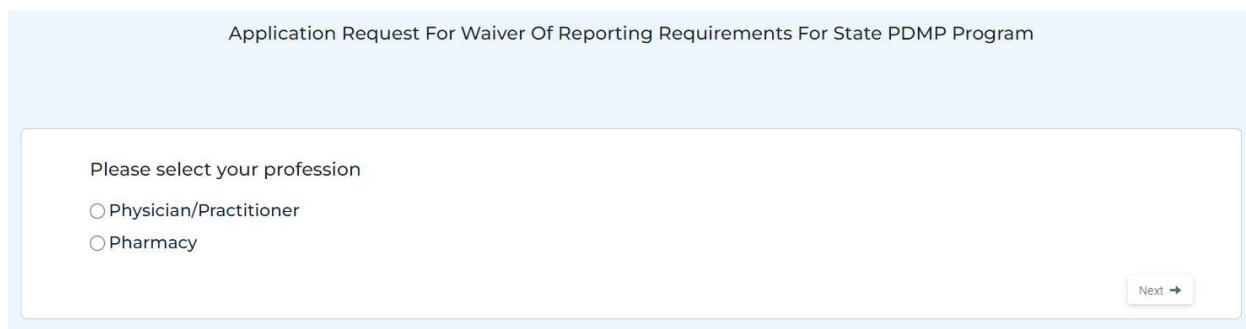
- A waiver from submitting zero reports
- A waiver from submitting data because the pharmacy does not dispense any Schedule II-V substances
- A waiver from submitting electronic data reports and acknowledgement to submit records via the Universal Claim Form (UCF).

### 9.1 Data Submission Waiver

- Open an Internet browser and navigate to the PDMP web portal: <https://pdmp.health.pa.gov/PDMPSystemApp/>
- Instead of logging in, click on “**Apply for Data Submission Waiver**” at the bottom of the screen:



- You can apply for a waiver for one of two categories:
  - Physician/Practitioner
  - Pharmacy



- Click on the applicable option and then click the “**Next**” button.
  - If you selected “**Physician/Practitioner**”, go to section 9.2 – Applying for a Waiver as a Physician/Practitioner.
  - If you selected “**Pharmacy**”, go to section 9.3 – Applying for a Waiver as a Pharmacist.

## 9.2 Applying for a Waiver as a Physician/Practitioner

- You will see the following screen:

Application Request For Waiver Of Reporting Requirements For State PDMP Program

Do you have DEA number?

☐ Yes

☐ No

[← Back](#) [Next →](#)

- If you select “**No**”, then you will not be allowed to apply for a waiver. You will get the message on the following screen:

Application Request For Waiver Of Reporting Requirements For State PDMP Program

Based on your response you are not required to submit controlled substance dispensation data to the PA-PDMP.  
Thank you

- However, if you selected “**Yes**”, that you do have a DEA number, continue through the remaining “**Yes**” or “**No**” questions – you will be guided to:
  - Not submit a waiver, as you are not required to submit controlled substance dispensation data to the PA PDMP. No further action will be required; however, as long as you have an active license in the state of Pennsylvania, you must maintain your registration with the PDMP.
  - Fill out a Physician Waiver and Affirmation Form.
- The Physician Waiver and Affirmation Form looks like this:

APPLICATION REQUEST FOR WAIVER OF REPORTING REQUIREMENTS FOR PENNSYLVANIA PRESCRIPTION DRUG MONITORING PROGRAM (PA PDMP)

Renewal Policy:  
The annual resubmission of the waiver form must be submitted to the PA PDMP office by June 1st of each calendar year. The annual waiver applies to dispensers and pharmacies and shall include evidence and justification that the dispenser or pharmacy does not dispense any controlled substances or dispenses less than five prescriptions for controlled substances per month.

|  |  |  |
|--|--|--|
| Today's Date: 2/13/2023  | <input type="radio"/> NEW                                | <input type="radio"/> RENEWAL "provide original request: <input type="text"/> Verify |
| <b>DISPENSER INFORMATION</b>   |  |  |
| <small>*Required Fields</small>  |  |  |
| *Name of Pharmacy/Dispenser:   |  |  |
| *PA Pharmacy/Professional License Number:  | NPI Number:  |  |
| *Street Address:   | *Email Address:  |  |
| *State:<br>Select a state ▼  | *City:<br>Select a city ▼                                |  |
| *Zip Code:   | *Phone Number:   |  |
| *Pharmacy/Dispenser DEA Number:  | Pharmacy NCPDP Number:                                   |  |
| *Name of Pharmacist Manager/Pharmacist in Charge:  | *Pharmacist Manager/Pharmacist in Charge License Number: |  |
| <b>REASON FOR WAIVER REQUEST:</b>  |  |  |
| <small>This application is for an exemption from submitting data as required by the PA PDMP.<br/>The license holder identified above does not have any data to submit to the PA PDMP because the license holder does not dispense any controlled substances from schedules II, III, IV, and V to patients in the Commonwealth of Pennsylvania.<br/>1. If the license holder identified above dispenses any scheduled II, III, IV, and V controlled substances to a patient in the Commonwealth of Pennsylvania, I will notify the PA PDMP and begin submitting data to the PDMP system as required by Act 191.<br/>2. I understand that if this application is denied or a granted exemption expires, I am responsible for collecting and submitting data to the PA PDMP as required by Act 191.</small> |  |  |
| On an average, how many controlled substances does your pharmacy dispense per month? <input type="text"/>  |  |  |
| <b>AFFIRMATION</b>   |  |  |
| <small>By signing below, I certify that all statements contained in this waiver application and any accompanying documents are true and correct:</small>   |  |  |
| Signature: <input type="text"/>  | Title: <input type="text"/>                              | Date: MM-DD-YYYY <input type="text"/>  |
| <input type="button" value="Save"/> <input type="button" value="Reset"/>   |  |  |

- Fill out all fields, including whether the waiver is New or a Renewal (including the Original Request #). Be sure to click “Save” once all applicable fields are entered.
- Your request will be approved by the PDMP Administrator.

## 9.3 Applying for a Waiver as a Pharmacist

- You will see the following screen:

Application Request For Waiver Of Reporting Requirements For State PDMP Program

Do you have DEA number?

☐ Yes

☐ No

- If you select “No”, then you will not be allowed to apply for a waiver. You will get the message on the following screen:

### Application Request For Waiver Of Reporting Requirements For State PDMP Program

Based on your response you are not required to submit controlled substance dispensation data to the PA-PDMP.  
Thank you

- However, if you selected “Yes”, that you do have a DEA number, continue through the remaining “Yes” or “No” questions – you will be guided to:
  - Not submit a waiver – you must register with the PA PDMP and submit daily dispensation data. This would occur if your pharmacy dispensed more than 5 Schedule II-V controlled substance prescriptions per month.
  - Fill out a Pharmacy Zero Report Form
    - The Pharmacy Zero Report Form looks like this:

APPLICATION REQUEST FOR WAIVER OF REPORTING REQUIREMENTS FOR PENNSYLVANIA PRESCRIPTION DRUG MONITORING PROGRAM (PA PDMP)

Renewal Policy:  
The annual resubmission of the waiver form must be submitted to the PA PDMP office by June 1st of each calendar year. The annual waiver applies to dispensers and pharmacies and shall include evidence and justification that the dispenser or pharmacy does not dispense any controlled substances or dispenses less than five prescriptions for controlled substances per month.

| Today's Date: 2/13/2023  |   | <input type="radio"/> NEW <input type="radio"/> RENEWAL *provide original request: <input type="text"/> <input type="button" value="Verify"/> |  |
|--|---|---|--|
| DISPENSER INFORMATION  |   |   |  |
| <small>*Required Fields</small>  |   |   |  |
| *Name of Pharmacy/Dispenser: <input style="width: 100%;" type="text"/>   |   |   |  |
| *PA Pharmacy/Professional License Number: <input style="width: 50%;" type="text"/>   |   | NPI Number: <input style="width: 50%;" type="text"/>  |  |
| *Street Address: <input style="width: 50%;" type="text"/>  |   | *Email Address: <input style="width: 50%;" type="text"/>  |  |
| *State: <input style="width: 50%;" type="text"/>   |   | *City: <input style="width: 50%;" type="text"/>   |  |
| *Zip Code: <input style="width: 50%;" type="text"/>  |   | *Phone Number: <input style="width: 50%;" type="text"/>   |  |
| *Pharmacy/Dispenser DEA Number: <input style="width: 50%;" type="text"/>   |   | Pharmacy NCPDP Number: <input style="width: 50%;" type="text"/>   |  |
| *Name of Pharmacist Manager/Pharmacist in Charge: <input style="width: 50%;" type="text"/>   |   | *Pharmacist Manager/Pharmacist in Charge License Number: <input style="width: 50%;" type="text"/>   |  |
| REASON FOR WAIVER REQUEST:   |   |   |  |
| <small>This application is for an exemption from submitting data as required by the PA PDMP.<br/>The license holder identified above does not have any data to submit to the PA PDMP because the license holder does not dispense any controlled substances from schedules II, III, IV, and V to patients in the Commonwealth of Pennsylvania.<br/>1. If the license holder identified above dispenses any scheduled II, III, IV, and V controlled substances to a patient in the Commonwealth of Pennsylvania, I will notify the PA PDMP and begin submitting data to the PDMP system as required by Act 191.<br/>2. I understand that if this application is denied or a granted exemption expires, I am responsible for collecting and submitting data to the PA PDMP as required by Act 191.</small> |   |   |  |
| On an average, how many controlled substances does your pharmacy dispense per month? <input style="width: 50%;" type="text"/>  |   |   |  |
| AFFIRMATION  |   |   |  |
| <small>By signing below, I certify that all statements contained in this waiver application and any accompanying documents are true and correct:</small>   |   |   |  |
| Signature: <input style="width: 50%;" type="text"/>  | Title: <input style="width: 50%;" type="text"/> | Date: <input style="width: 50%;" type="text"/>  |  |
|  |   | <input type="button" value="Save"/> <input type="button" value="Reset"/>  |  |

- Fill out a Pharmacy Waiver and Affirmation Form.
  - The Pharmacy Waiver and Affirmation Form looks like this:

APPLICATION REQUEST FOR WAIVER OF REPORTING REQUIREMENTS FOR PENNSYLVANIA PRESCRIPTION DRUG MONITORING PROGRAM (PA PDMP)

Renewal Policy:

The annual resubmission of the waiver form must be submitted to the PA PDMP office by June 1st of each calendar year. The annual waiver applies to dispensers and pharmacies and shall include evidence and justification that the dispenser or pharmacy does not dispense any controlled substances or dispenses less than five prescriptions for controlled substances per month.

Today's Date: 2/13/2023

☐ NEW
 ☐ RENEWAL "provide original request:

DISPENSER INFORMATION

\*Required Fields

\*Name of Pharmacy/Dispenser:

\*PA Pharmacy/Professional License Number:

NPI Number:

\*Street Address:

\*Email Address:

\*State:

Select a state

\*City:

Select a city

\*Zip Code:

\*Phone Number:

\*Pharmacy/Dispenser DEA Number:

Pharmacy NCPDP Number:

\*Name of Pharmacist Manager/Pharmacist in Charge:

\*Pharmacist Manager/Pharmacist in Charge License Number:

REASON FOR WAIVER REQUEST:

This application is for an exemption from submitting data as required by the PA PDMP.

The license holder identified above does not have any data to submit to the PA PDMP because the license holder does not dispense any controlled substances from schedules II, III, IV, and V to patients in the Commonwealth of Pennsylvania.

1. If the license holder identified above dispenses any scheduled II, III, IV, and V controlled substances to a patient in the Commonwealth of Pennsylvania, I will notify the PA PDMP and begin submitting data to the PDMP system as required by Act 191.

2. I understand that if this application is denied or a granted exemption expires, I am responsible for collecting and submitting data to the PA PDMP as required by Act 191.

On an average, how many controlled substances does your pharmacy dispense per month?\*

AFFIRMATION

By signing below, I certify that all statements contained in this waiver application and any accompanying documents are true and correct:

Signature:

Title:

Date: MM-DD-YYYY

- Fill out all fields, including whether the waiver is New or a Renewal (including the Original Request #). Be sure to click **“Save”** once all applicable fields are entered.
- Your request will be approved by the PDMP Administrator.



## 10 Assistance and Support

### 10.1 Technical Assistance

If you require technical support, please use the following contact information. Support is currently available 24/7:

Phone: 844-377-7367, select prompt “1”

Email: [papdmp@logicoy.com](mailto:papdmp@logicoy.com)

### 10.2 Administrative Assistance

If you have any non-technical questions regarding the Pennsylvania Prescription Drug Monitoring Program, or if you wish to contact the PDMP Administrator, please use the following contact information:

Office of Drug Surveillance and Misuse Prevention

625 Forster Street, 6th Floor

Harrisburg, PA 17120

Phone: 844-377-7367, select prompt “0”

Email: [ra-dh-pdmp@pa.gov](mailto:ra-dh-pdmp@pa.gov)

## Appendix A: ASAP 4.2 Specifications

The following information is the required definitions for submitting ASAP 4.2 records to PDMP.

The table will list the Segment, Element ID, Element Name, and Requirement. The Requirement column uses the following codes:

- R = Required
- N = Not Required but Accepted if Submitted
- S = Situational

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

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

| Segment  | Element ID   | Element Name   | Requirement |
|--|--------------|--|-------------|
|  | <b>PHA12</b> | <b>Chain Site ID</b><br>Store number assigned by the chain to the pharmacy location. Used when the PMP needs to identify the specific pharmacy from which information is required.   | <b>S</b>    |
| <b>PAT: Patient Information (required)</b><br>Used to report the patient's name and basic information as contained in the pharmacy record. |              |  |             |
|  | <b>PAT01</b> | <b>ID Qualifier of Patient Identifier</b><br>Code identifying the jurisdiction that issues the ID in PAT03.  | <b>S</b>    |
|  | <b>PAT02</b> | <b>ID Qualifier</b><br>Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required.<br><ul style="list-style-type: none"> <li>• 01 Military ID</li> <li>• 02 State Issued ID</li> <li>• 03 Unique System ID</li> <li>• 04 Permanent Resident Card (Green Card)</li> <li>• 05 Passport ID</li> <li>• 06 Driver's License ID</li> <li>• 07 Social Security Number</li> <li>• 08 Tribal ID</li> </ul> | <b>S</b>    |
|  | <b>PAT03</b> | <b>ID of Patient</b><br>Identification number for the patient as indicated in PAT02.<br>An example would be the driver's license number.   | <b>S</b>    |
|  | <b>PAT04</b> | <b>ID Qualifier of Additional Patient Identifier</b><br>Code identifying the jurisdiction that issues the ID in PAT06.<br>Used if the PMP requires such identification.  | <b>N</b>    |

| Segment | Element ID   | Element Name   | Requirement |
|---------|--------------|--|-------------|
|         | <b>PAT05</b> | <b>Additional Patient ID Qualifier</b><br>Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. <ul style="list-style-type: none"> <li>• 01 Military ID</li> <li>• 02 State Issued ID</li> <li>• 03 Unique System ID</li> <li>• 04 Permanent Resident Card</li> <li>• 05 Passport ID</li> <li>• 06 Driver's License ID</li> <li>• 07 Social Security Number</li> <li>• 08 Tribal ID</li> <li>• 99 Other (agreed upon ID)</li> </ul> | <b>N</b>    |
|         | <b>PAT06</b> | <b>Additional ID</b><br>Identification that might be required by the PMP to further identify the individual. An example might be that in PAT03 driver's license is required and in PAT06 Social Security number is also required.  | <b>N</b>    |
|         | <b>PAT07</b> | <b>Last Name</b><br>Patient's last name.   | <b>R</b>    |
|         | <b>PAT08</b> | <b>First Name</b><br>Patient's first name.   | <b>R</b>    |
|         | <b>PAT09</b> | <b>Middle Name</b><br>Patient's middle name or initial, if available.  | <b>S</b>    |
|         | <b>PAT10</b> | <b>Name Prefix</b><br>Patient's name prefix such as Mr. or Dr., if available.  | <b>N</b>    |
|         | <b>PAT11</b> | <b>Name Suffix</b><br>Patient's name suffix such as <i>Jr.</i> or <i>the III</i> , if available.   | <b>S</b>    |
|         | <b>PAT12</b> | <b>Address Information – 1</b><br>Free-form text for street address information.   | <b>R</b>    |
|         | <b>PAT13</b> | <b>Address Information – 2</b><br>Free-form text for additional address information, if available.   | <b>S</b>    |
|         | <b>PAT14</b> | <b>City Address</b><br>Free-form text for city name.   | <b>R</b>    |
|         | <b>PAT15</b> | <b>State Address</b><br>U.S. Postal Service state code<br><br><i>Note: Field has been sized to handle international patients not residing in the U.S.</i>  | <b>R</b>    |

| Segment | Element ID   | Element Name  | Requirement |
|---------|--------------|---|-------------|
|         | <b>PAT16</b> | <b>ZIP Code Address</b><br>U.S. Postal Service ZIP code.<br>Populate with zeros if patient address is outside the U.S.  | <b>R</b>    |
|         | <b>PAT17</b> | <b>Phone Number</b><br>Complete phone number including area code. Do not include hyphens.   | <b>R</b>    |
|         | <b>PAT18</b> | <b>Date of Birth</b><br>Date patient was born. Format: CCYYMMDD   | <b>R</b>    |
|         | <b>PAT19</b> | <b>Gender Code</b><br>Code indicating the sex of the patient.<br><ul style="list-style-type: none"> <li>F Female</li> <li>M Male</li> <li>U Unknown</li> </ul>  | <b>R</b>    |
|         | <b>PAT20</b> | <b>Species Code</b><br>Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal.<br><ul style="list-style-type: none"> <li>01 Human</li> <li>02 Veterinary Patient</li> </ul>  | <b>S</b>    |
|         | <b>PAT21</b> | <b>Patient Location Code</b><br>Code indicating where patient is located when receiving pharmacy services.<br><ul style="list-style-type: none"> <li>03 Nursing Home</li> <li>04 Long-Term/Extended Care</li> <li>05 Rest Home</li> <li>07 Skilled-Care Facility</li> <li>11 Hospice</li> <li>99 Other</li> </ul> | <b>N</b>    |
|         | <b>PAT22</b> | <b>Country of Non-U.S. Resident</b><br>Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.   | <b>N</b>    |
|         | <b>PAT23</b> | <b>Name of Animal</b><br>Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.  | <b>S</b>    |

| Segment  | Element ID   | Element Name   | Requirement |
|--|--------------|--|-------------|
| <b>DSP: Dispensing Record (required)</b><br>Used to identify the basic components of a dispensing of a given prescription order including the date and quantity. |              |  |             |
|  | <b>DSP01</b> | <b>Reporting Status</b><br>DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: <ul style="list-style-type: none"> <li>• 00 New Record (indicates a new prescription dispensing transaction)</li> <li>• 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised)</li> <li>• 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored).</li> </ul><br><i>*Note: For prescriptions voided with code "02", a limited data set is being offered as an option PDMPs can elect to use rather than requiring the entire prescription to be voided. This option is offered in order to streamline the process in the pharmacy when voiding a prescription.</i> | <b>R</b>    |
|  | <b>DSP02</b> | <b>Prescription Number</b><br>Serial number assigned to the prescription by the pharmacy.  | <b>R</b>    |
|  | <b>DSP03</b> | <b>Date Written</b><br>Date the prescription was written (authorized). Format: CCYYMMDD  | <b>R</b>    |
|  | <b>DSP04</b> | <b>Refills Authorized</b><br>The number of refills authorized by the prescriber.   | <b>R</b>    |
|  | <b>DSP05</b> | <b>Date Filled</b><br>Date prescription was prepared. Format: CCYYMMDD   | <b>R</b>    |
|  | <b>DSP06</b> | <b>Refill Number</b><br>Number of the fill of the prescription.<br>0 indicates New Rx; 01-99 is the refill number.   | <b>R</b>    |
|  | <b>DSP07</b> | <b>Product ID Qualifier</b><br>Used to identify the type of product ID contained in DSP08. <ul style="list-style-type: none"> <li>• 01 NDC</li> <li>• 06 Compound</li> </ul>   | <b>R</b>    |



| Segment | Element ID   | Element Name   | Requirement |
|---------|--------------|--|-------------|
|         | <b>DSP08</b> | <b>Product ID</b><br>Full product identification as indicated in DSP07, including leading zeros without punctuation. If code “06” (indicating a compound) is indicated in DSP07, use “99999” as the first 5 characters; CDI then becomes required.   | <b>R</b>    |
|         | <b>DSP09</b> | <b>Quantity Dispensed</b><br>Number of metric units dispensed in metric decimal format.<br>Example: 2.5<br><i>Note: For compounds show the first quantity in CDI04.</i>  | <b>R</b>    |
|         | <b>DSP10</b> | <b>Days Supply</b><br>Estimated number of days the medication will last.   | <b>R</b>    |
|         | <b>DSP11</b> | <b>Drug Dosage Units Code</b><br>Identifies the unit of measure for the quantity dispensed in DSP09. <ul style="list-style-type: none"> <li>01 Each</li> <li>02 Milliliters (ml)</li> <li>03 Grams (gm)</li> </ul>   | <b>R</b>    |
|         | <b>DSP12</b> | <b>Transmission Form of Rx Origin Code</b><br>Code indicating how the pharmacy received the prescription. <ul style="list-style-type: none"> <li>01 Written Prescription</li> <li>02 Telephone Prescription</li> <li>03 Telephone Emergency Prescription</li> <li>04 Fax Prescription</li> <li>05 Electronic Prescription</li> <li>06 Transfer/Forwarded</li> <li>99 Other</li> </ul>  | <b>R</b>    |
|         | <b>DSP13</b> | <b>Partial Fill Indicator</b><br>Used when the quantity in DSP 09 is less than the metric quantity per dispensing authorized by the prescriber. This dispensing activity is often referred to as a split filling. <ul style="list-style-type: none"> <li>00 Not a Partial Fill</li> <li>01 First Partial Fill</li> </ul> <i>Note: For additional fills per prescription, increment by 1. So, the second partial fill would be reported as 02, up to a maximum of 99.</i> | <b>R</b>    |
|         | <b>DSP14</b> | <b>Pharmacist National Provider Identifier (NPI)</b> Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.   | <b>S</b>    |

| Segment | Element ID   | Element Name  | Requirement |
|---------|--------------|---|-------------|
|         | <b>DSP15</b> | <b>Pharmacist State License Number</b><br>This data element can be used to identify the pharmacist dispensing the medication.<br>Assigned to the pharmacist by the State Licensing Board.   | <b>S</b>    |
|         | <b>DSP16</b> | <b>Classification Code for Payment Type</b><br>Code identifying the type of payment (i.e., how it was paid for). <ul style="list-style-type: none"> <li>• 01 Private Pay</li> <li>• 02 Medicaid</li> <li>• 03 Medicare</li> <li>• 04 Commercial Insurance</li> <li>• 05 Military Installations and VA</li> <li>• 06 Workers' Compensation</li> <li>• 07 Indian Nations</li> <li>• 99 Other</li> </ul> | <b>R</b>    |
|         | <b>DSP17</b> | <b>Date Sold</b><br>Used to determine the date the prescription left the pharmacy, not the date it was filled, if the dates differ. Format: CCYYMMDD  | <b>S</b>    |
|         | <b>DSP18</b> | <b>RxNorm Code Qualifier</b><br>RxNorm Code that is populated in the DRU-010-09 field in the SCRIPT transaction. <ul style="list-style-type: none"> <li>• 01 Semantic Clinical Drug (SCD)</li> <li>• 02 Semantic Branded Drug (SBD)</li> <li>• 03 Generic Package (GPCK)</li> <li>• 04 Branded Package (BPCK)</li> </ul>  | <b>N</b>    |
|         | <b>DSP19</b> | <b>RxNorm Code</b><br>Used for electronic prescriptions to capture the prescribed drug product identification.  | <b>N</b>    |
|         | <b>DSP20</b> | <b>Electronic Prescription Reference Number</b><br>This field should be populated with the Initiator Reference Number from field UIB-030-01 in the SCRIPT transaction.  | <b>N</b>    |
|         | <b>DSP21</b> | <b>Electronic Prescription Order Number</b><br>This field should be populated with the Initiator Control Reference from field UIH-030-01 in the SCRIPT standard.  | <b>N</b>    |

| Segment  | Element ID   | Element Name   | Requirement |
|--|--------------|--|-------------|
| <b>PRE: Prescriber Information (required)</b>        |              |  |             |
| Used to identify the prescriber of the prescription. |              |  |             |
|  | <b>PRE01</b> | <b>National Provider Identifier (NPI)</b><br>Identifier assigned to the prescriber by CMS.   | <b>R</b>    |
|  | <b>PRE02</b> | <b>DEA Number</b><br>Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).                   | <b>R</b>    |
|  | <b>PRE03</b> | <b>DEA Number Suffix</b><br>Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number. | <b>S</b>    |
|  | <b>PRE04</b> | <b>Prescriber State License Number</b><br>Identification assigned to the prescriber by the State Licensing Board.                                  | <b>S</b>    |
|  | <b>PRE05</b> | <b>Last Name</b><br>Prescriber's last name.  | <b>R</b>    |
|  | <b>PRE06</b> | <b>First Name</b><br>Prescriber's first name.  | <b>R</b>    |
|  | <b>PRE07</b> | <b>Middle Name</b><br>Prescriber's middle name or initial.   | <b>S</b>    |
|  | <b>PRE08</b> | <b>Phone Number</b><br>Complete phone number including area code. Do not include hyphens.  | <b>N</b>    |

| Segment   | Element ID   | Element Name  | Requirement |
|---|--------------|---|-------------|
| <b>CDI: Compound Drug Ingredient Detail (situational)</b><br>Use of this segment is required when medication dispensed is a compound and one of the ingredients is a PMP reporting drug. If more than one ingredient is for a prescription monitoring program reporting drug, then this would be incremented by one for each compound ingredient being reported.<br>If CDI is filled in, the NDC of DSP08 must be 999999999999. |              |   |             |
|   | <b>CDI01</b> | <b>Compound Drug Ingredient Sequence Number</b><br>First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.           | <b>S</b>    |
|   | <b>CDI02</b> | <b>Product ID Qualifier</b><br>Code to identify the type of product ID contained in CDI03.<br><ul style="list-style-type: none"> <li>01 NDC</li> </ul>    | <b>S</b>    |
|   | <b>CDI03</b> | <b>Product ID</b><br>Full product identification as indicated in CDI02, including leading zeros without punctuation.                                      | <b>S</b>    |
|   | <b>CDI04</b> | <b>Compound Ingredient Quantity</b><br>Metric decimal quantity of the ingredient identified in CDI03.<br>Example: 2.5                                     | <b>S</b>    |
| <b>AIR: Additional Information Reporting (situational)</b><br>Used when state-issued serialized Rx pads are used, the state requires information on the person dropping off or picking up the prescription, or for data elements not included in other detail segments.<br><b>Note:</b> If this segment is used, at least one of the data elements (fields) will be required.   |              |   |             |
|   | <b>AIR01</b> | <b>State Issuing Rx Serial Number</b><br>U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.       | <b>N</b>    |
|   | <b>AIR02</b> | <b>State Issued Rx Serial Number</b><br>Number assigned to state issued serialized prescription blank.  | <b>N</b>    |
|   | <b>AIR03</b> | <b>Issuing Jurisdiction</b><br>Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06. | <b>N</b>    |

|  |              |  |          |
|--|--------------|--|----------|
|  | <b>AIR04</b> | <b>ID Qualifier of Person Dropping Off or Picking Up Rx</b> Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription.<br><ul style="list-style-type: none"> <li>01 Military ID</li> <li>02 State Issued ID</li> <li>03 Unique System ID</li> <li>04 Permanent Resident Card (Green Card)</li> <li>05 Passport ID</li> <li>06 Driver's License ID</li> <li>07 Social Security Number</li> <li>08 Tribal ID</li> <li>99 Other (agreed upon ID)</li> </ul> | <b>N</b> |
|  | <b>AIR05</b> | <b>ID of Person Dropping Off or Picking Up Rx</b><br>ID number of patient or person picking up or dropping off the prescription.   | <b>N</b> |
|  | <b>AIR06</b> | <b>Relationship of Person Dropping Off or Picking Up Rx</b><br>Code indicating the relationship of the person.<br><ul style="list-style-type: none"> <li>01 Patient</li> <li>02 Parent/Legal Guardian</li> <li>03 Spouse</li> <li>04 Caregiver</li> <li>99 Other</li> </ul>  | <b>N</b> |
|  | <b>AIR07</b> | <b>Last Name of Person Dropping Off or Picking Up Rx</b><br>Last name of person picking up the prescription.   | <b>N</b> |
|  | <b>AIR08</b> | <b>First Name of Person Dropping Off or Picking Up Rx</b><br>First name of person picking up the prescription.   | <b>N</b> |
|  | <b>AIR09</b> | <b>Last Name or Initials of Pharmacist</b><br>Last name or initials of pharmacist dispensing the medication.   | <b>N</b> |
|  | <b>AIR10</b> | <b>First Name of Pharmacist</b><br>First name of pharmacist dispensing the medication.   | <b>N</b> |
|  | <b>AIR11</b> | <b>Dropping Off/Picking Up Identifier Qualifier</b><br>Additional qualifier for the ID contained in AIR05<br><ul style="list-style-type: none"> <li>01 Person Dropping Off</li> <li>02 Person Picking Up</li> <li>03 Unknown/Not Applicable</li> </ul>   | <b>N</b> |

| Segment   | Element ID  | Element Name  | Requirement |
|---|-------------|---|-------------|
| <b>TP: Pharmacy Trailer (required)</b>  |             |   |             |
| Used to identify the end of data for a given pharmacy and provide the count of the total number of detail segments reported for the pharmacy, including the PHA and TP segment. |             |   |             |
|   | <b>TP01</b> | <b>Detail Segment Count</b><br>Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.        | <b>R</b>    |
| <b>TT: Transaction Trailer (required)</b>   |             |   |             |
| Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.  |             |   |             |
|   | <b>TT01</b> | <b>Transaction Control Number</b><br>Identifying control number that must be unique. Assigned by the originator of the transaction.<br>Must match the number in TH02. | <b>R</b>    |
|   | <b>TT02</b> | <b>Segment Count</b><br>Total number of segments included in the transaction including the header and trailer segments.   | <b>R</b>    |

## Appendix B: ASAP Zero Report Specifications

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

For more details regarding these Segment or Element IDs, or for the purposes of reporting actual dispensations, please refer to the previous section – **Appendix A: ASAP 4.2 Specifications**.

| Element ID                                    | Element Name                                  | Requirement |
|---|---|-------------|
| <b>TH – Transaction Header - Required</b>     |   |             |
| TH01  | 4.2   | R           |
| TH02  | 123456  | R           |
| TH05  | 20200101                                      | R           |
| TH06  | 223000  | R           |
| TH07  | P   | R           |
| TH09  | \\  | R           |
| <b>IS – Information Source – Required</b>     |   |             |
| IS01  | 2015555555                                    | R           |
| IS02  | PHARMACY NAME                                 | R           |
| IS03  | Date Range of Report<br>#CCYYMMDD#-#CCYYMMDD# | R           |
| <b>PHA – Pharmacy Header – Required</b>       |   |             |
| PHA03   | ZZ1213213                                     | R           |
| <b>PAT – Patient Information – Required</b>   |   |             |
| PAT07   | REPORT  | R           |
| PAT08   | ZERO  | R           |
| <b>DSP – Dispensing Record – Required</b>     |   |             |
| DSP05   | 20200101                                      | R           |
| <b>PRE – Prescriber Information</b>           |   |             |
| <b>CDI – Compound Drug Ingredient Detail</b>  |   |             |
| <b>AIR – Additional Information Reporting</b> |   |             |
| <b>TP – Pharmacy Trailer – Required</b>       |   |             |
| TP01  | 7   | R           |

| TT – Transaction Trailer – Required |        |   |
|-------------------------------------|--------|---|
| TT01                                | 123456 | R |
| TT02                                | 10     | R |

The following is an example of how a Zero Report would look.

```
TH*4.2*0000*01**20211010*170000*P**  
IS*770555555*PHARMACY NAME*#20150101#-#20150107#  
PHA***DEATESTUA  
PAT*****REPORT*ZERO*****  
DSP*****2021-10-10*****  
PRE*  
CDI*  
AIR*  
TP*7  
TT*0000*10
```



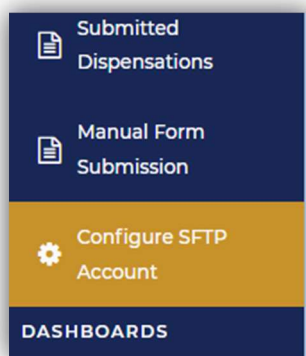
## Appendix C: sFTP Configuration

You can set up the sFTP account and drop files at the dedicated sFTP location.

- There are 2 methods by which you can log into the SSH (sFTP) client:

### Configure sFTP Account

- Log into the PA PDMP and scroll down the left navigation menu. Click on “**Configure SFTP Account**”.

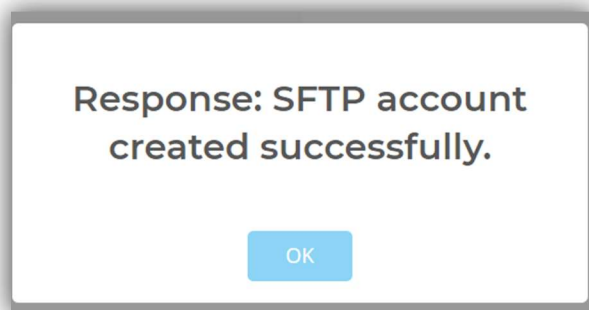


- Fill in the fields on the “**Manage SFTP Account**” page to create an sFTP username and password:

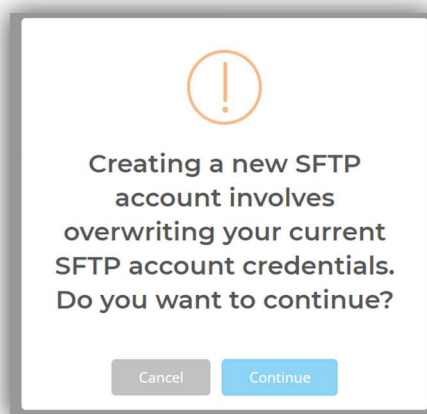
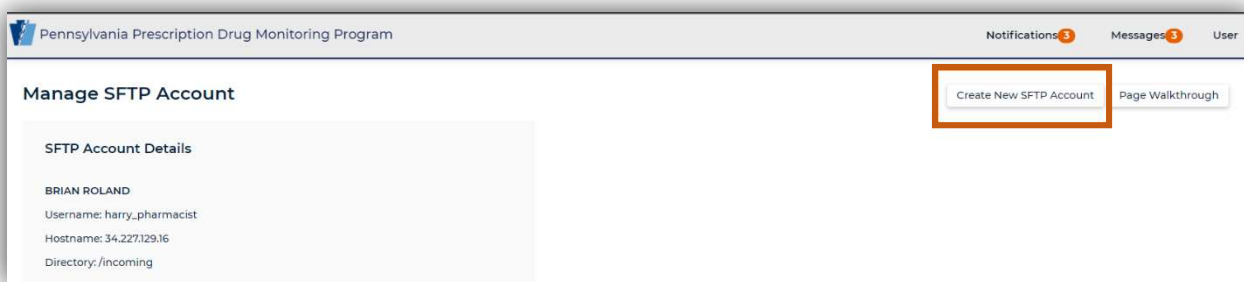
- Be sure to click the “**Create your SFTP Account**” button when your username and

password has been selected.

- A pop-up message displays the status of the SFTP account creation.



- If you wish to change your credentials, click on the “**Create New SFTP Account**” button in the top right of the “**Manage SFTP Account**” page. This will overwrite the existing sFTP credentials.



- Click “**Continue**” to continue with creating a new SFTP account.
- Create new credentials in the text boxes provided on the next page.

Copyright © 2009-2023 LogiCoy Inc.

All rights reserved. Do not copy or distribute without the written permission of LogiCoy, Inc

- Make sure that the credentials used to set up the sFTP account in the PDMP system are the same as configured in any other sFTP tool, such as FileZilla or WinSCP:

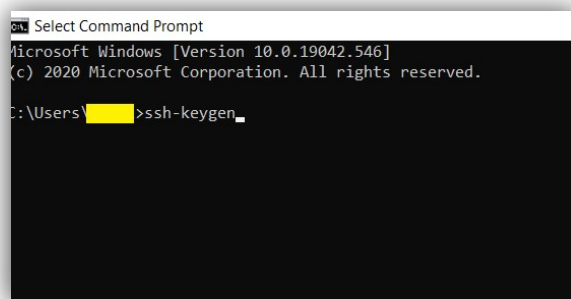
- The sFTP Host IP is: 52.222.124.95 and the sFTP Port number is 22.
- The sFTP credentials will be sent via secure mail to your PDMP registered email address.

- The sFTP account configured using new credentials will now be ready to use.

**Note:** If you have a firewall, whitelist IP 52.222.124.95. For more assistance, please contact your IT department.

## Public Key Authentication Using SSH Key Commands

- SSH key authentication is supported by PA PDMP.
- **Supported Key Types:**
  - SSH-2 RSA 2048bit length
- **Unsupported Key Types:**
  - SSH-1 RSA and SSH-2 DSA keys are not supported.
- Use any sFTP client of your choice. For this guide, WinSCP is used.
- Open the command prompt from your system.
- Enter the command “**ssh-keygen**”.
  - This command helps in creating 2 sets of keys – Private and Public.
  - The Public Key is shared with the PA PDMP, while the user (you) retain 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
```

- Enter the passphrase. In this case, press “**Enter**”.

Copyright © 2009-2023 LogiCoy Inc.

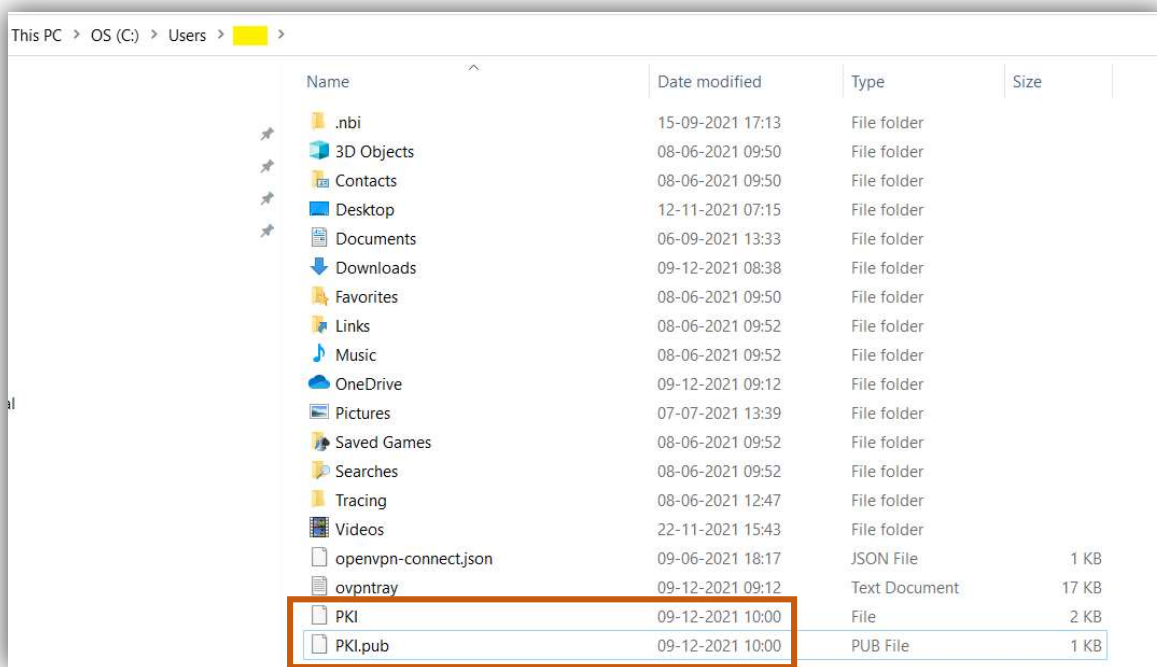
All rights reserved. Do not copy or distribute without the written permission of LogiCoy. Inc

```
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: 
```

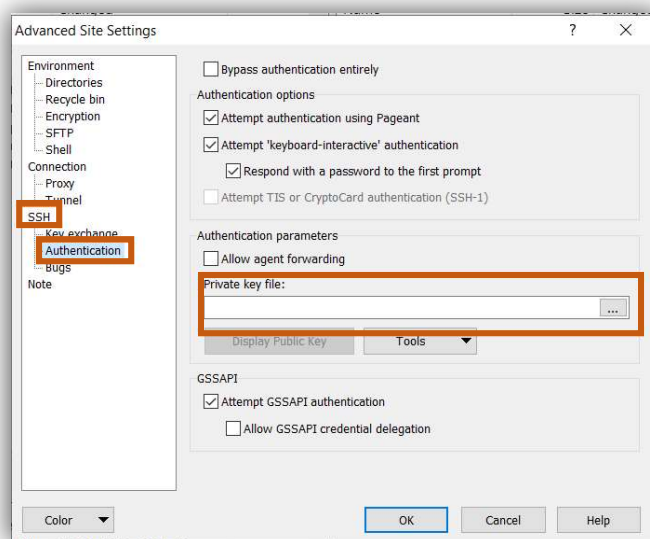
- Again, press “**Enter**” to confirm the passphrase.

```
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: 
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]
```

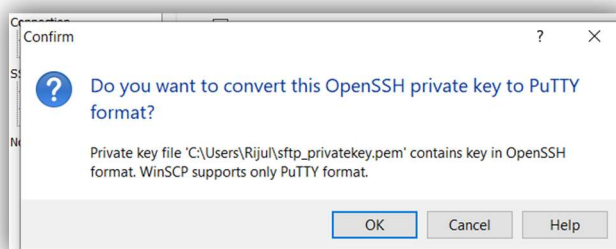
- Your Private and Public Key has been created successfully.
- Rename the Public Key “**pki.pub**” to “**authorized\_keys**” and “**pki**” to “**sftp\_privatekey.pem**”.



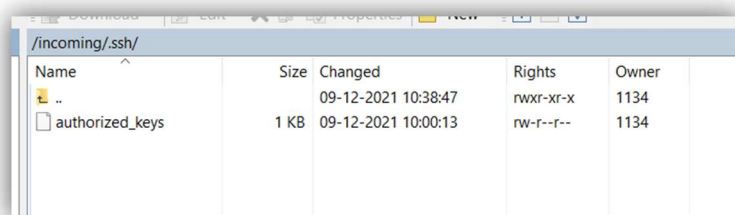
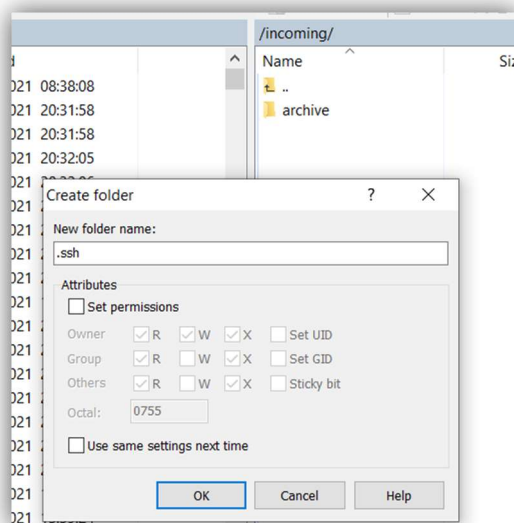
- Log into your sFTP client and click “**Advanced**”.
- Enter the path to the generated Private Key. Click “**OK**”.



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



- Enter your credentials – such as username and password – and click “**Login**” in your sFTP Client.
- Enter the “**/incoming**” folder.
- A “**.ssh**” subfolder needs to be created in the home directory of the sFTP account.
  - Create the “**.ssh**” subfolder and transfer the “**authorized\_keys**” file into the new subfolder.



- The Public Key will be matched to the Private Key, which will then allow you to log in without entering the password.