

CONNECTICUT PRESCRIPTION MONITORING AND REPORTING SYSTEM (CPMRS)

DATA REPORTING MANUAL

Effective Date: May 1, 2011



Optimum Technology, Inc. Contact Information

866-683-2476

ctrxreport@otech.com

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CONNECTICUT PRESCRIPTION MONITORING PROGRAM

In accordance with Connecticut General Statute: Section 21a-254 – The Connecticut Department of Consumer Protection has established a program to monitor the prescribing and dispensing of Schedule II, III, IV & V controlled substances. The program shall be designed to provide information regarding the prescription of controlled substances in order to prevent the improper or illegal use of the controlled substance, and shall not infringe on the legitimate prescribing of a controlled substance by a prescribing practitioner acting in good faith and in the course of professional practice.

REPORTING THE DATA

Pharmacies will report the required dispensing information to Optimum Technology, Inc. (Optimum), a private contractor, who will collect all data and manage the technical aspects of the program. Optimum will forward verified data to the Connecticut Department of Consumer Protection.

Toll-free number for Optimum: [1-866-683-2476](tel:1-866-683-2476)

Email for technical assistance: ctxreport@otech.com

Such reporting without individual authorization by the patient is allowed under HIPAA, 45CFR § 164.512, paragraphs (a) and (d). The Connecticut Department of Consumer Protection is a health oversight agency and Optimum will be acting as an agent of Connecticut Department of Consumer Protection in the collection of this information.

IMPLEMENTATION SCHEDULE AND REPORTING TIMELINES

For all pharmacies:

Initial reporting period — May 1-15, 2011

Initial Reporting Deadline — May 25, 2011

Subsequent reporting:

All dispensed medications must be reported at least twice monthly. Dispensers are encouraged to report prior to the deadlines given, to allow time for corrections on any rejected submissions.

Deadlines:

1st – 15th of each month is due by the 25th of that same month.

16th – end of the month, is due by the 10th of the following month.

(Dispensers may also report more frequently than outlined above. Any dispenser who chooses to may submit on a daily or weekly basis.)

REPORTING PROCEDURES and FILE TYPES

Only **Schedule II-V** prescription dispensing information is required. All dispensers, licensed in the State of Connecticut, who dispensed Schedule II-V controlled substances, are required to submit the information by one of the following data submission options.

1. Website Upload/Prescription file upload:

The user will need to use the login credentials provided to sign into their user account at the following website: www.ctrxreport.com. You may also register for account access at this website.

This secure website address is provided for uploading data to Optimum, which utilizes 128-bit encryption. Dispensers must be able to access the secure website via an internet connection either in the pharmacy, or at the location that is responsible for transmitting data, e.g. a main office or corporate office of the pharmacy.

The file is required to be submitted in the ASAP 2009/v. 4.1 format. Please inform your software vendor that you will need to be able to upload your data in the ASAP 2009/v. 4.1 format as a .DAT file.

Your file will need to be named according to the following rules: your DEA number, the date submitted, followed by .dat.

Therefore, if your DEA number is *AB01123456* and you are submitting on August 1, 2006, the file would look like this: *AB01123456080106.dat*.

Please name your files accordingly when submitting your controlled substance information. This will assist you with keeping accurate records of the information reported to Optimum, and will assist with locating this information in a timely and efficient manner, should this be necessary.

2. CD-Rom, CD-R, CD-RW, DVD or 3 1/2" Diskette (Please be sure to include a completed transmittal form with the CD or diskette.)

Submit information in the American Society of Automation in Pharmacy ASAP 2009/v.4.1 format.

The file name should be your pharmacy permit number followed by .DAT (example: *AB01123456.dat*).

This file must also contain an external media label, with the following information: *Pharmacy/Submitter Name, DEA number, and the number of prescriptions.*

A Program Transmittal Form (Attachment 1) should accompany external media submissions. The dispenser should make copies of the enclosed, blank Program Transmittal Form for future use or print a blank form from www.ctrxreport.com. The dispenser may also wish to keep a copy of the completed form for its records.

These media forms must be mailed to:

Optimum Technology, Inc.
Attn: Data Collection
100 E Campus View Blvd
Suite 380 Columbus, OH 43235

3. Manual Entry/Universal Claim Form

A dispenser, who does not have an automated record keeping system capable of producing an electronic report in any of the formats described above, may submit prescription information on the industry standard Universal Claim form. This is done via a link in the prescription upload center, on the website: www.ctrxreport.com . The link is titled 'Manual Entry', and any user that chooses to utilize this option will need to manually enter the required data records for each dispensed prescription.

(A sample of the information required to fill out this form is found in Attachment 2, at the end of this manual.)

4. Secure FTP

Chain Pharmacies and Community Pharmacies with multiple facilities may submit one data transmission on behalf of all of their facilities. In fact, the program prefers that chain pharmacies and community pharmacies with multiple facilities submit one transmission with the data for all of their facilities. They may do so utilizing the secure FTPs procedure. *If they wish to do so, they must appoint one contact person for all of their data submissions.*

Chain pharmacies should seek direction from their corporate offices concerning how their data will be reported. Corporate offices and their software vendors should contact Optimum at: ctrxreport@otech.com or by calling 866-683-2476 to establish login credentials. The URL is: <https://www.ctrxreport.com>.

Alternative Reporting Methods

The Controlled Substance Database Advisory Committee has approved an alternate form of reporting controlled substance data. This alternative reporting will utilize the Universal Claim Form which will then be mailed to Optimum Technology. The Director of the Connecticut Department of Consumer Protection may administratively approve the use of the Universal Claims Form, but regulations require *extraordinary circumstances* in order to receive approval. The dispenser should submit the "Request a Waiver for Electronic Reporting Form" (Attachment 3) by providing a detailed explanation of the extraordinary circumstances that necessitate the accommodation of this circumstance.

Zero Reporting:

If a dispenser does not prescribe controlled substances in Schedules II-V during a reporting period, a "zero" report must be submitted. This may be done via a link on the prescription upload website: www.ctrxreport.com under the Upload Center.

A Zero report may also be submitted via FTPs in the ASAP 4.1 version. Please use the current ASAP guidelines for zero report transmissions via FTPs. This information can be located at www.asapnet.org.

The Zero Report standard is a complete transaction and includes all fields required by the PMP program according to the states requirements. Transaction Headers and Trailer Segments are completed as they would be with a normal controlled substance report. All required detail segments are to be sent and left blank with the exception of the PAT07; PAT08; and DSP05. The segments should be completed accordingly: PAT07 = Report; PAT08 = Zero; DSP05 = Date report is sent (CCYYMMDD).

Chain pharmacies should seek direction from their corporate offices concerning how their data (zero reports) will be submitted. If zero reports are not going to be transmitted via FTPs, these users will need to establish a basic DEA account to submit zero reports via the website at www.ctrxreport.com.

ERRORS, CORRECTIONS and TEST RUN UPLOAD

Rejections:

The PMP application will validate each file submitted, record by record, and will only reject those records which do not meet the validation requirements. If there are a limited number of errors, only those records with errors will be rejected.

If over 50% of the records in a file do not meet the required data specifications, the entire file may be rejected. In this instance, the submitter will be notified via email or fax of the reason for this failure. (A valid email/fax is required for this notification.)

Optimum is not authorized to modify any data, therefore, the dispenser will be required to correct and resubmit the rejected records or the entire file if necessary.


Corrections for File Uploads:

The State requires that the prescriptions reported be submitted according to the deadlines outlined in the previous sections. Therefore, if you have any rejected records, you may view them and correct them manually via the secure website.

If the dispenser has errors in the submitted file, you may correct these errors in one of two ways:

1. **Correct the data in your prescription software, then regenerate the file and upload the data.**
 - Please note this process may result in duplicate records as a portion of the records originally submitted were accepted. The duplicate records occurring as a result of duplicate file uploads require no action on the part of the pharmacy or dispenser.
 - *You may also choose to correct only those records that were rejected, and create a separate file to submit. This will eliminate any chance of your file being rejected for duplicate records.*

2. Correct the data online via the Data Collection Portal. (This type of correction is manually performed and makes sense when there are minimal errors.)

- a. To correct the errors using File Upload Errors, do the following:
 - i. Follow the steps described in the '[View File Upload Errors](#)' section.
 - ii. Single click left mouse button on Edit icon  located on the right.
 - iii. Make the appropriate corrections to the prescription.
 - iv. Single click left mouse on the Save button.
 - v. If additional errors exist, single click left mouse on the Back to Exceptions button.
 - vi. Repeat the process for each error received.

- b. Confirm all errors are corrected, do the following:
 - i. Single click left mouse button on File Upload.
 - ii. The Errors column should now be zero. If not take appropriate actions.
 - iii. Verify this by accessing the File Upload Errors screen and verify the records processed field.

Please note: If you are submitting your dispensed prescriptions via FTPs, you cannot correct these errors in the web application. You will need to correct these records and submit a separate file with the corrected information.

(You may want to create a file that contains only those records that were previously rejected, this may help to eliminate any chance of your file being rejected for duplicate prescriptions thresholds.)

Corrections for Manual Entry:

For security purposes, data cannot be deleted once it is submitted to the program. To fix this situation, resubmit the correct information, this time using the letter 'C' (for correction) **after** the prescription number (be sure to make a note of the mistake in your records).

View File Upload Errors:

1. Login to www.ctrxreport.com with your username and password.
2. Single click left mouse button on Data Collection.
3. Single click left mouse button on File Upload.
4. Single click left mouse button on the appropriate file name listed under View Uploaded Files.
5. Error messages are listed under the Description column.
6. Single click left mouse button on the error message.
7. Example:

File Upload Details			
File Name: InASAP200720100714131130.dat	Uploaded By: Root Account	Total Records: 100000	Uploaded On: 8/18/2010
Records Processed: 100000	Records Rejected: 1111		
Error Details			
			Showing 1-10 of 1758
Error Message	Data		
Unable to parse record 'PAT***8919-93-7356****KALL...	DSP**0301687*20060120*0*20060120*00*01*00406035805...		
The GenderCode exceeds the length allowed,The all...	DSP**0301735*20060120*0*20060120*00*01*60258077016...		
Unable to parse record 'PAT***8926334008****BENEFI...	DSP**0783112*20051014*3*20060112*03*01*00024542131...		
Unable to parse record 'PAT***8909464822****PEARSO...	DSP**0796580*20060123*5*20060123*00*01*00093089005...		
The GenderCode exceeds the length allowed,The all...	DSP**0796480*20051221*5*20060123*01*01*00093083201...		
Unable to parse record 'PAT***8926388526*****H...	DSP**0828193*20060109*5*20060109*00*01*00378400505...		
The value assigned to the field State is incorrec...	DSP**0915991*20051116*2*20060108*02*01*00074194914...		
The GenderCode exceeds the length allowed,The all...	DSP**0465804*20051111*2*20060108*00*01*00024542131...		
The GenderCode exceeds the length allowed,The all...	DSP**0465804*20051111*2*20060111*01*01*00024542131...		
The GenderCode exceeds the length allowed,The all...	DSP**0466758*20060112*0*20060112*00*01*00093083201...		
			Items Per Page 10
Back To File Upload			

Test Run Upload Feature:

This feature is provided to assist the user with identifying errors within a file, prior to submitting the information to Optimum for reporting purposes. It is located in the Upload Center within the Data Collection website. The feature can be used for any type of file that it is submitted directly through the www.ctrxreport.com website.

The process is similar to submitting your completed file, but will allow the user to see any errors, and correct those errors prior to your submission to the State reporting agency.

If you have attempted to submit your file, and are receiving rejection notices or extensive errors, please utilize this function. This function may also assist your software vendor with helping to identify any corrections that may be needed related to software or the format of your file.

EXEMPTIONS TO REPORTING:

Exemptions:

- Dispensing of manufacturer's samples
- Dispensing pursuant to a manufacturer's indigent patient program
- Any drug dispensed by a licensed health care facility; provided that the quantity dispensed is limited to an amount adequate to treat the patient for a maximum of forty-eight (48) hours.
- A drug administered directly to a patient
- Dispensing within an appropriately licensed narcotic maintenance treatment program by the United States Drug Enforcement Administration.
- Dispensing to inpatients in hospitals or nursing homes (exemption does not apply to assisted living)
- Dispensing to inpatients in hospices (exemption does not apply to home hospice or hospice in an assisted living facility)

Nursing homes:

Pharmacies dispensing to nursing homes are exempt from reporting. However, prescriptions dispensed to assisted living facilities must be reported.

Hospitals:

Inpatient prescriptions dispensed are exempt from reporting. All outpatient prescriptions and employee prescriptions must be reported.

If you consider that you are exempt from reporting or wish to submit a request for a waiver from reporting please fill out the attached exemption/waiver request form and mail to:

**Connecticut Department of Consumer Protection
165 Capitol Avenue, Room 145
Hartford, CT 06106
Telephone: (860) 713-6073
Or submit by FAX to (860)713-7242**

REQUIRED INFORMATION AND FORMATTING

Please see the below information regarding required information for dispensed prescription reporting, as well as the proper formatting required for these submissions.

ASAP 4.1/2009 Telecommunications Format for Controlled Substances
All ASAP fields

Bold =Mandatory field Grey=Optional field

Ref. Code	Data Element Name	Format	Attributes*		
HEADER SEGMENT					
TH TRANSACTION HEADER					
			Required Data	Type of Data	# of characters
TH01	Version/Release Number		Yes	AN	4
TH02	Transaction Control Number		Yes	AN	40
TH03	Transaction Type			N	2
TH04	Response ID			AN	10
TH05	Created Date		Yes	DT	8
TH06	Creation Time		Yes	TM	6
TH07	File Type		Yes	AN	1
TH08	Routing Number			N	6
TH09	Data Segment Terminator		Yes	AN	1
IS INFORMATION SOURCE					
IS01	Unique Information Source		Yes	AN	10
IS02	Information Source Entity Name		Yes	AN	60
IS03	Message			AN	60
PHA DISPENSING PHARMACY					
PHA01	National Provider Identifier (NPI)			AN	10
PHA02	NCPDP/NABP Number ID			AN	7
PHA03	DEA Number		Yes	AN	9
PHA04	Pharmacy Name			AN	60
PHA05	Address Information – 1			AN	30
PHA05	Address Information – 2			AN	30
PHA07	City			AN	25
PHA08	State			AN	2
PHA09	ZIP Code			AN	9
PHA10	Phone Number			AN	10
PHA11	Contact name			AN	30
PHA12	Chain Site ID			AN	10
DETAIL SEGMENT					
PAT PATIENT					
PAT01	ID Qualifier of Patient Identifier			AN	2
PAT02	ID Qualifier	“01” Military ID or “02” State Issued ID or “03” Unique System ID or “05” Passport ID or “06” Driver’s License ID or “07” Social Security Number		N	2

Ref. Code	Data Element Name	Format	Attributes*		
		or "08" Tribal ID or "99" Other			
PAT03	ID of Patient			AN	20
PAT04	ID Qualifier of Additional Patient Identifier			AN	2
PAT05	Additional Patient ID Qualifier			N	2
PAT06	Additional ID			AN	20
PAT07	Last Name		Yes	AN	50
PAT08	First Name		Yes	AN	50
PAT09	Middle Name			AN	30
PAT10	Name Prefix			AN	10
PAT11	Name Suffix			AN	10
PAT12	Address Information – 1		Yes	AN	30
PAT13	Address Information – 2			AN	30
PAT14	City Address		Yes	AN	20
PAT15	State Address		Yes	AN	10
PAT16	ZIP Code Address	"00000" Non-US	Yes	AN	9
PAT17	Phone Number			AN	10
PAT18	Date of Birth	CCYYMMDD	Yes	DT	8
PAT19	Gender Code	"F" or "M" or "U"	Yes	AN	1
PAT20	Species Code	"01" Human or "02" Veterinary Patient		N	2
PAT21	Patient Location Code			N	2
DSP DISPENSING RECORD					
DSP01	Reporting Status	"00" New record; "01" Revised; "02" Void	Yes	N	2
DSP02	Prescription Number		Yes	AN	25
DSP03	Date Written	CCYYMMDD	Yes	DT	8
DSP04	Refills Authorized		Yes	N	2
DSP05	Date Filled	CCYYMMDD	Yes	DT	8
DSP06	Refill Number		Yes	N	2
DSP07	Product ID Qualifier	"01" NDC# or "02" UPC or "06" compound	Yes	N	2
DSP08	Product ID	NDC# or UPC# or "9999999999" compound	Yes	AN	15
DSP09	Quantity Dispensed		Yes	D	11
DSP10	Days Supply		Yes	N	3
DSP11	Drug Dosage Units Code	"01" # of units or "02" ml or "03" gm	Yes	N	2
DSP12	Transmission Form of Rx Origin Code	"01" Written Rx or "02" Telephone Rx or "03" Telephone Emergency Rx or "04" Fax Rx or "05" Electronic Rx or "99" Other	Yes	N	2
DSP13	Partial Fill Indicator	"01"-partial fill; "02" – not partial		N	2
DSP14	Pharmacist National Provider ID (NPI)			AN	10
DSP15	Pharmacist State License Number			AN	10
DSP16	Classification Code for Payment Type	"01" Private Pay (Cash, Charge, Credit Card) or "02" Medicaid or "03" Medicare or "04" Commercial Insurance or "05" Military Installations and VA or "06" Workers' Compensation or "07" Indian Nations or "99" Other	Yes	N	2
DSP17	Date Sold			DT	8

Ref. Code	Data Element Name	Format	Attributes*		
DSP18	RxNorm Code			AN	15
DSP19	Electronic Rx Reference number			N	30
PRE PRESCRIBER INFORMATION					
PRE01	National Provider Identifier (NPI)			AN	10
PRE02	DEA Number		Yes	AN	9
PRE03	DEA Number Suffix			AN	7
PRE04	Prescriber State License Number			AN	10
PRE05	Last Name			AN	50
PRE06	First Name			AN	50
PRE07	Middle Name			AN	30
CDI COMPOUND DRUG INGREDIENT DETAIL (If DSP07 is "compound")					
CDI01	Compound Drug Ingredient Number		Yes	N	2
CDI02	Product ID Qualifier	"01" NDC# or "02" UPC or "06" compound	Yes	N	2
CDI03	Product ID	NDC# or UPC# or "9999999999" compound	Yes	AN	15
CDI04	Compound Ingredient Quantity		Yes	D	11
CDI05	Compound Drug Dosage Units Code	"01" # of units or "02" ml or "03" gm		N	2
AIR ADDITIONAL INFORMATION REPORTING					
AIR01	State Issuing Rx Serial Number			AN	2
AIR02	State Issued Rx Serial Number			AN	20
AIR03	Issuing Jurisdiction			AN	2
AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx			N	2
AIR05	ID of Person Dropping Off or Picking Up Rx			AN	20
AIR06	Relationship of Person Dropping Off or Picking Up Rx			N	2
AIR07	Last Name of Person Dropping Off or Picking Up Rx			AN	50
AIR08	First Name of Person Dropping Off or Picking Up Rx			AN	50
AIR09	Last Name or Initials of Pharmacist			AN	50
AIR10	First Name of Pharmacist			AN	50
SUMMARY SEGMENT					
TP PHARMACY TRAILER					
TP01	Detail Segment Count		Yes	N	10
TT TRANSACTION SET TRAILER					
TT01	Transaction Control Number		Yes	AN	10
TT02	Segment Count		Yes	N	10

* AN-Alphanumeric, N-Numeric, D-Decimal, DT-Date, TM-Time

FREQUENTLY ASKED QUESTIONS:

Passwords and sign-in information:

Does my password expire?

For security purposes, passwords will expire every 180 days. You do not need to remember to update your password, as the system will automatically prompt you to change your password after 180 days.

Please note that your account will require you to update your password upon your initial sign-in. At this time, please answer the security questions provided. This will allow you to change/update your password during the evening/weekend hours.

I have entered my password numerous times, I am sure that it is correct? Why is this happening?

Please consider the type of information that you are attempting to locate? If you are attempting to submit records of your dispensed controlled substances, please go to the link 'Forgot my password'. If you have answered the security questions provided, you will be able to reset your password using this function.

If you are attempting to view patient information, or prescription history, please verify that you are accessing the correct website. The website required to view this information is www.ctpmp.com. If you have a login ID and password, you should be able to access the information available at this site. If not, you will need to use the link provided to register for access.

Prescription Data and Reporting requirements:

What is the NDC Code?

The National Drug Code is an 11 digit number used to identify drug strength, name, quantity etc. This number is found on the medication bottle.

What drugs should be reported?

The Connecticut Prescription Monitoring Program collects drug schedules II-V.

How often should I submit data?

You are required to submit data at least bi-monthly, but reporting may also be done on a weekly or daily basis (The program prefers more frequent submissions). There is no limit to how frequently data is reported. The more often you submit data, the more current the patient history report.

At a minimum, data for the 1-15th is due by the 25th of each month. Data for the 16th- end of the month is due by the 10th of the following month.

How are compounded prescriptions to be recorded?

Each ingredient that is a controlled substance must be reported. When a compound is reported, field DSP08 will be reported as eleven "9"s (99999999999). This makes the CDI segment as mandatory. Each controlled substance is reported in the CDI segment with the compound quantity.

I am a veterinarian, and our location does not assign prescription numbers. What number should I use?

You may begin with the number 1 (or any number) and continue forward. Please keep a record of this Rx number, so that the prescription monitoring program and your location have coinciding records. Rx numbers are a maximum of 7 digits in length.

Why is the system rejecting the input metric quantity?

The metric quantity should be the number of metric units dispensed in metric decimal format.

Due to unforeseen problems, I need an extension for the reporting period deadline; what should I do?

Normal reporting period deadlines are the 10th and 25th of each month. If for some reason you need more time, please contact your program's administrator at: Xaviel.Soto@ct.gov or by calling 860-713-6073.

What should I do if the pharmacy / doctor I am reporting for will no longer dispense controlled substances? OR, I believe I am exempt from reporting; what should I do?

If you believe you are exempt from reporting, or the pharmacy you are reporting for will be closing, please fill out a program waiver or contact your programs administrator at: Xaviel.Soto@ct.gov.

I use a common login for multiple locations, but one location did not dispense any controlled substances. How do I submit a Zero Report?

Zero Reports should be submitted using the account which uses the DEA number as the username, or via FTPs transfer in the ASAP 2009 v4.1 format (please see zero reports).

I received a Delinquency Letter; what should I do?

If you received a Delinquency letter and would like to check the status of your data, please send an email to ctrxreport@otech.com with the following information (If you are unsure if your data was submitted, resubmit the time period in question. The data will take one day to process, before we are able to review the information):

1. Username
2. Reporting period(s) in question

If a confirmation is required, you may forward our email response to the CT Administrator as confirmation your data was received.

File issues and Error Corrections:


What should the filename be?

The filename should be the DEA number, followed by the date of submission. Chain pharmacies may use the chain name, followed by the date of submission. If multiple files are uploaded on the same day, you may add additional numbers / words to the end of the filename (ex: 2, March 1-15, etc.). The filename is less important than the contents of the file.

What does the file status 'Pending' mean?

Uploaded files will process overnight, therefore they will be in 'Awaiting Processing' status until the day following an upload.

I do not work with a software vendor; how should I submit controlled substance data?

If you do not work with a software vendor, you will need to manually enter controlled substance data. To do this, go to the Data Collection Menu  Manual Entry. Complete all required fields and click 'Save'; no further action is required.

I accidentally sent the incorrect reporting period. Should the file be deleted?

If the wrong reporting period was uploaded, the file does not need to be deleted. Records that have already been processed by the system will be rejected as duplicate records. To remedy this issue, simply create a file with the correct reporting period and upload again.

What should I do if my file was rejected?

If your file was rejected, do a Test Run Upload. To do this, go to Data Collection Menu → Test Run Upload → Click Browse → Open File → Click Test Run Upload. The bottom of the screen will list file format problems. Missing or invalid fields should be corrected by your software vendor.

The file I uploaded states there are errors, but when I try to view them there are no records listed. What are the errors?

Errors are viewed by going to Data Collection Menu → View Uploaded Files and then clicking on the number of errors. If there are no errors listed on the page, click the box 'Show Duplicate Record Error Messages,' and this should display any errors. Duplicate records are records that have already been processed by the system. *Duplicate records cannot be edited.*

When I try to edit 'Unable to Parse Record' errors, there is no data on the page. How do I edit these errors?

'Unable to Parse Record' errors occur when files contain a blank or unreadable line of data. These also occur when a prescription record has a special character such as * or # in a field. If after pushing edit, no data displays, you may disregard this error message, as there is no data to correct.

How do I know if my file uploaded?

To receive a confirmation after your file has processed, you will need to change your response type. Go to My Account → Notification method; enter your email address and click Save. You will still continue to receive these confirmations in the 'Message Center' of your account as well.

You will receive notifications for each file submission, and again once that file processes. An email will be sent (the following day) confirming the file's status and any errors.

I was submitting a manual entry and accidentally submitted incorrect information. Can I delete this entry?

The manual entry screen will allow a user to submit the following types of prescription data: New; Change; Cancel; or Purge. Please pick the appropriate information type, enter the required information and click Save.

Why is nothing happening when I click on Upload Center?

For the Upload Center menu to appear, please verify you are using Internet Explorer version 6.0 or higher. To check which version you are currently using, go to Help → About Internet Explorer. If you are using a version less than 6.0, you may download the latest version from www.microsoft.com/downloads. If you are using Internet Explorer version 6.0 or higher, please verify that 'Active Scripting' is enabled. To do this, go to Tools → Internet Options → Security → Custom Level. Make sure all three scripting options are enabled; these options are found at the bottom of the menu.

How do I fix "duplicate" error messages?

A duplicate error message displays when a data record is received and processed more than once. This normally occurs when a file is uploaded after correcting errors in your prescription software or when a file is uploaded twice in error for a different reporting period. *The duplicate records occurring as a result of duplicate file uploads require no action on the part of the pharmacy or dispenser.*

OTHER QUESTIONS:

How do I setup an FTP account?

FTP account requests should be sent to ctrxreport@otech.com. Please provide the following information:

Company Name

Contact Name

Contact Number

Contact Email Address

You will be contacted with login credentials.

Should a suffix be included in the Last Name Field?

No. The ASAP 2009 Standard calls for just the last name of the patient to be included in the “last name” field when reporting controlled substance data to the Connecticut Prescription Monitoring Program (CT PMP). The CT PMP has received several inquiries from prescribers and dispensers indicating prescriptions they had written or dispensed for a particular patient were not appearing on the CT PMP report. On each occasion, program staff determined that the suffix was included in the last name field causing that prescription information to be excluded from the report.

How should the address for a patient not from the U.S. be entered to be accepted by the program?

If a patient resides outside the U.S, enter all zero’s in the zip code field ‘00000’.

ASSISTANCE AND SUPPORT

Optimum is available to provide assistance and information to individual pharmacies, chain pharmacies, software vendors, and other entities required to submit data. Technical support is available to meet the program requirements. Questions concerning interpretation of technical and compliance matters may be referred to Optimum. Pharmacies are advised to first contact their software vendor to obtain modifications and instructions on compliance and participation. Software vendors may also contact Optimum directly for assistance.

The Connecticut Department of Consumer Protection will act as the final interpreter of regulations. Unresolved disagreements between a dispenser and the vendor will be resolved by the State.

Controlled Substance Database Contact Information:

For questions: Call the Connecticut Department of Consumer Protection (860) 713-6073 or e-mail DCP.prescriptions@ct.gov.

Attachment 1
Program Transmittal Form

File Name: _____ Date: _____
The file name should be the Board of Pharmacy license number followed by .DAT (example: 0201123456.DAT)

Pharmacy/Dispenser Name: _____

Board of Pharmacy License Number: _____

Number of Prescriptions in File: _____

Name of person submitting report: _____

Phone Number: _____ Fax Number: _____

External/diskette label must contain: Pharmacy/Submitter Name, Board of Pharmacy License Number and Number of Prescriptions

CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION
PRESCRIPTION MONITORING PROGRAM



WAIVER / EXEMPTION FORM

Please provide the information requested below. (Print or Type) Use full name not initials. Also, **changes in pharmacy status** or Connecticut Department of Consumer Protection regulations may require pharmacies to resubmit a waiver / exemption form.

NAME OF DISPENSER _____

LICENSE OR PERMIT NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME OF PHARMACIST IN CHARGE (PHARMACY ONLY) _____

CT LICENSE NUMBER OF PHARMACIST IN CHARGE (PHARMACY ONLY) _____

TELEPHONE _____

SIGNATURE _____

APPLICANT SIGNATURE _____ Date _____

For Department Use Only

Date Received _____

Approved Disapproved

Director or Designee Signature _____

Date of Action _____



REASON FOR WAIVER / EXEMPTION (Check one box below)

- Hardship created by a natural disaster or other emergency beyond the control of the permit holder. Please provide description:

- This dispenser does not hold a Controlled Substance registration with Drug Enforcement Administration.

- This dispenser does not dispense Schedule II, III, IV, and V controlled substances.

- The dispenser is exempt from reporting according to Connecticut General Statute: Chapter 400j. State exemption(s)

- Other: Please provide description below or provide information as a separate attachment.

Mail or fax to: State of Connecticut Department of Consumer Protection Prescription Monitoring Program, 165 Capitol Avenue, Room 145, Hartford, CT 06106, Telephone: (860) 713-6073, Fax: (860) 622-2608

4/08



Connecticut Department of Consumer Protection
Prescription Monitoring Program
165 Capitol Avenue, Room 145, Hartford, CT 06106
Telephone: 860-713-6073 Fax: 860-713-7242

Universal Claim Form

DEA # _____

Rx#	Date RX filled	Date Written	Product ID Qualifier	Product ID	Quantity Dispensed	Days Supply	Drug Dosage Units	Prescriber DEA #
Patient First Name	Patient Last Name	Patient Address	State	Zip Code	Patient DOB	ID Qualifier	Patient ID	Patient Gender

Rx#	Date RX filled	Date Written	Product ID Qualifier	Product ID	Quantity Dispensed	Days Supply	Drug Dosage Units	Prescriber DEA #
Patient First Name	Patient Last Name	Patient Address	State	Zip Code	Patient DOB	ID Qualifier	Patient ID	Patient Gender