



IOWA PRESCRIPTION MONITORING PROGRAM

DATA COLLECTION MANUAL

Effective: October 2012



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IOWA PRESCRIPTION MONITORING PROGRAM

In accordance with Iowa Code Chapter 124, the Iowa Board of Pharmacy (Board) has established an electronic prescription drug monitoring program for the purpose of compiling records of Schedule II, III, and IV Controlled Substances dispensed by Iowa pharmacies.

The program is designed to compile information regarding the dispensing of controlled substances in order to provide a resource for Iowa health care practitioners in determining appropriate prescribing and treatment for individual patients without fear of contributing to a patient's abuse or dependence on addictive drugs or diversion of those drugs to illicit use. The program provides authorized prescribers and pharmacists with information needed to make informed decisions regarding a patient's need for these dangerous substances, enhancing patient care and chronic or acute pain remedies.

REPORTING THE DATA

Iowa licensed pharmacies, whether located within or outside the state, must 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 on behalf of the Board.

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

Email for technical assistance: iarxreport@otech.com

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

IMPLEMENTATION SCHEDULE AND REPORTING TIMELINES

For all pharmacies:

Effective October 1, 2012, the American Society of Automation in Pharmacy (ASAP) 2009/v4.1 formatted files will be accepted. ASAP 95 formatted files will continue to be accepted until December 31, 2012. As of January 1, 2013, **only** ASAP 2009/v4.1 formatting will be accepted. The website address, username, and password currently in use by reporting pharmacies will be carried over from the previous system.

Subsequent reporting:

Currently, Iowa pharmacies are required to submit prescription records at least twice monthly. The deadline for reporting dispensing between the 1st and 15th of each month is the 25th of that month. The deadline for reporting dispensing between the 16th and the last day of the month is the 10th of the following month. Pharmacies may report more frequently than twice monthly.



Effective January 1, 2013, all Iowa-licensed pharmacies located within or outside the state of Iowa will be required to weekly submit reports of all Schedule II, III, and IV controlled substances dispensed to patients in Iowa. Prescriptions dispensed between Sunday and Saturday must be submitted no later than the following Wednesday. A nonresident pharmacy that is currently submitting weekly reports on an alternate schedule to the pharmacy's home state may contact the Board for authorization to report to the Iowa PMP on that alternate weekly schedule.

REPORTING PROCEDURES, FILE TYPES, and METHODS

Only **Schedule II-IV** controlled substances prescription information is required. All dispensing pharmacies licensed by the Board, including licensed nonresident pharmacies, are required to submit controlled substance prescription 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 by Optimum to sign into their user account at the following website: www.iarxreport.com. You may also register for account access at this website.

This secure website address is provided for uploading data to Optimum, which utilizes 256-bit encryption. Pharmacies 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 ASAP 95 or ASAP 2009/v4.1 format. Please inform your software vendor that you will need to be able to upload your data in one of the formats provided as a **.DAT or .TXT** file. Effective January 1, 2013, the file will be required to be submitted in ASAP 2009/v4.1 format.

Your file will need to be named according to the following rules: your pharmacy's DEA number, the date submitted, followed by **.DAT or .TXT**. Therefore, if your **DEA number** is AB1234567 and you are submitting on August 1, 2012, the file would look like this: **AB1234567080112.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 (Please be sure to include a completed transmittal form with the CD.)



Submit information in the ASAP 95 or, beginning October 1, 2012, in the ASAP 2009/v4.1 format. Effective January 1, 2013, submit information only in the ASAP 2009/v4.1 format.

The file name should be your pharmacy DEA number followed by .DAT (example: AB11234567.dat).

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

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

The media form and the media containing the file 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 pharmacy that 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.iarxreport.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. **FTPs**

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 FTPs procedure. *If they wish to submit a single transmission with the data for all of their facilities, one contact person for all of their data submissions must be appointed during registration.*

Chain pharmacies should seek direction from their corporate offices concerning how their data will be reported. Corporate offices and their software vendors should register at www.iarxreport.com as a Pharmacy – FTP user type. The host is ftps.iarxreport.com and the port is 990.



(Zero Reports can be submitted via FTPs ONLY in the ASAP 2009/v4.1. format. Please see the section titled 'zero reporting' for additional information.)

ZERO REPORTING

If a pharmacy dispenses no prescriptions in Schedules II – IV during a reporting period, a “zero” report must be submitted. This may be done via a link on the prescription upload website: www.iarxreport.com under the Data Collection menu. This provision does not apply to those pharmacies that have been granted a waiver from reporting.

A Zero report may also be submitted via FTPs in the ASAP 2009/v4.1 format. 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 state’s 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. These segments should be completed accordingly: PAT07 = Report; PAT08 = Zero; DSP05 = Date report is sent (CCYYMMDD).” - ASAP Zero Report Standard

Chain pharmacies should seek direction from their corporate offices concerning how their data (zero reports) will be submitted. Zero reports can only be submitted via an online account specific to the pharmacy’s DEA # or via FTPs transfer in ASAP 2009/v4.1.



Prescription Monitoring Program ASAP 2009/v4.1 Zero Reports - Summary of Required Data Elements

Table with 4 columns: Ref. Code, Data Element Name, Format, Attributes*. Rows include TH TRANSACTION HEADER (TH01-TH09), IS INFORMATION SOURCE (IS01-IS03), PHA DISPENSING PHARMACY (PHA01-PHA12), PAT - PATIENT DETAIL SEGMENT (PAT01-PAT23), DSP - DISPENSING DETAIL SEGMENT - REQUIRED, TP - PHARMACY TRAILER - REQUIRED, and TT - Transaction Trailer - REQUIRED.

Example ASAP zero report for Jan 01 2012 to Jan 15 2012:

TH*4.1*1700121700*01**20110514*1700*P**\
IS*AB1234567*Pharmacy Name*#20120101#-#20110115#\
PHA***AB1234567\
PAT*****Report*Zero*****\
DSP*****20120116*****\
PRE**\
TP*5\
TT*1700121700*8\



ERRORS and CORRECTIONS

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 and/or the 'Message Center' of the reason for this failure. (A valid email is required for email notification.)

Optimum is not authorized to modify any data, therefore, the pharmacy will be required to correct and resubmit the rejected records or the entire file if necessary. This data must be resubmitted or corrected within five days of notification of the error or rejection.

Corrections for File Uploads:


If you have any rejected records, you may view and correct them manually via the secure website or via a corrected file upload.

If you have 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.

- a. Please note this process may result in duplicate records as a portion of the records originally submitted may have been accepted. The duplicate records occurring as a result of duplicate file uploads require no action on the part of the pharmacy.
- b. *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:
 - Please go to Data Collection; then select File Upload. Then click on the View Uploaded Files tab.
 - From the Uploaded Files list, locate and click on the file name that you wish to correct.
 - Single click left mouse button on the Edit icon  located on the right of the error record.
 - Make the appropriate corrections to the prescription.
 - Single click left mouse on the Save button.



- If additional errors exist, single click left mouse on the Back to Exceptions button.
- Repeat the process for each error received.
- b. To confirm all errors are corrected, do the following:
 - Single click left mouse button on File Upload.
 - The Errors column should now be zero. If not, take appropriate actions.
 - Verify this by accessing the File Upload Errors screen and verify the records processed field.

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

Corrections for Manual Entry:

A prescription requiring correction can be submitted via the prescription maintenance page. Search for the prescription and verify the patient and dispensing details. The section, 'Prescription Details,' will allow the user to choose the following reporting status: "New," "Change," "Cancel," or "Purge". You may update the prescription, check the confirmation box, and click Save.

All users may update prescription records according to these instructions, regardless of the type of submission.

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 Data Collection menu within the Data Collection website. The feature can only be used for ASAP 95 or ASAP 2009/v4.1 formatted files submitted directly through the www.iarxreport.com website.

The process is similar to submitting a completed file, but will allow the user to see any errors and correct those errors prior to submitting the completed file to the reporting website.

If a user has attempted to submit a file and is receiving rejection notices or extensive errors, this function should be used. This function may also assist a software vendor with identifying any corrections that may be needed related to the pharmacy's software or the format of the file.

EXEMPTIONS TO REPORTING

The Iowa PMP reporting requirements do not apply to "the direct administration of a controlled dangerous substance to the body of an ultimate user...." In this manual, dispenser refers to an Iowa licensed pharmacy located within or outside the state of Iowa.



Exemptions:

- Any controlled drug administered directly to a patient
- Any controlled 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 seventy-two (72) hours
- Any dispensed controlled drug sample
- Any controlled drug dispensed by a facility that is registered by the United States Drug Enforcement Administration (DEA) as a narcotic treatment program and that is subject to the record keeping provisions of 21 CFR 1304.24
- Any controlled drug dispensed to an inpatient in a hospital or long-term care facility (exemption does not apply to a patient in an assisted living facility or group home)
- Any controlled drug dispensed to an inpatient in a hospice facility (exemption does not apply to a home hospice patient or to a hospice patient in an assisted living facility or group home)
- Any controlled drug dispensed by a prescribing practitioner

If you believe your pharmacy is exempt from reporting, you must contact the Board to obtain and file an application for exemption. Call (515) 281-5944; E-mail terry.witkowski@iowa.gov; fax (515) 281-4609.



REQUIRED INFORMATION AND FORMATTING (ASAP 95)

Following are the required fields and data format for submissions using ASAP 95. Files will be accepted in this format ONLY until December 31, 2012.

BASED on ASAP R.5/95 Telecommunications Format for Controlled Substances

Field Name	Field Format	Field Length	Field Positions
Identifier	A/N	3	001 - 003
Bin	N	6	004 - 009
Version Number	N	2	010 - 011
Transaction Code	N	2	012 - 013
**Pharmacy Number	N	12	014 - 025
Customer ID Number	A/N	20	026 - 045
Zip Code	A/N	3	046 - 048
**Birth Date	N	8	049 - 056
**Sex Code	N	1	057 - 057
**Date Filled	N	8	058 - 065
**Rx Number	N	7	066 - 072
**New - Refill Code	N	2	073 - 074
**Metric Quantity	N	5	075 - 079
**Days Supply	N	3	080 - 082
Compound Code	N	1	083 - 083
**NDC Number	N	11	084 - 094
**Prescriber ID Number	A/N	10	095 - 104
DEA Suffix	A/N	4	105 - 108
Date Rx Written	N	8	109 - 116
Number of Refills Authorized	N	2	117 - 118
Rx Origin Code	N	1	119 - 119
Customer Location	N	2	120 - 121
Diagnosis Code	A/N	7	122 - 128
Alternate Prescriber #	A/N	10	129 - 138
**Patient Last Name	A/N	15	139 - 153
**Patient First Name	A/N	15	154 - 168
**Patient Street Address	A/N	30	169 - 198
**Patient State	A/N	2	199 - 200
**Patient Zip Code (Extended)	A/N	9	201 - 209
Triplicate Serial Number	A/N	12	210 - 221
**Payment Method	A/N	1	222 - 222

NOTE: All A/N fields must be left justified, right blank filled, and all N fields are right justified, left zero filled.

**Required Fields

PLEASE NOTE ADDITIONAL REQUIRED FIELD: PAYMENT METHOD



REQUIRED INFORMATION AND FORMATTING (ASAP 2009/v4.1)

Please see the below formatting requirements for controlled substance reporting in ASAP 2009/v4.1. The Iowa PMP will accept data files in this format beginning October 1, 2012. Effective January 1, 2013, Iowa will ONLY accept files formatted in ASAP 2009/v4.1.

ASAP 2009 version 4.1 release

Ref. Code	Data Element Name	Format	Required Data
HEADER SEGMENTS			
TH - TRANSACTION HEADER			
TH01	Version/Release Number	4.1	Yes
TH02	Transaction Control Number	See TT01; GUID is recommended	Yes
TH05	Created Date	CCYYMMDD	Yes
TH06	Creation Time	HHMMSS or HHMM	Yes
TH07	File Type	P = Production; T = Test	Yes
TH09	Data Segment Terminator	Used to mark the end of a segment, Examples: ~ or // or ::	Yes
IS - INFORMATION SOURCE			
IS01	Unique Information Source	Pharmacy DEA Number or a unique identifier	Yes
IS02	Information Source Entity Name	Pharmacy Name	Yes
PHA - DISPENSING PHARMACY			
PHA03	DEA Number	Pharmacy DEA Number	
DETAIL SEGMENTS			
PAT - PATIENT SEGMENT			
PAT07	Last Name	Patient Last Name	Yes
PAT08	First Name	Patient First Name	Yes
PAT12	Address Information – 1	Patient Address	Yes
PAT14	City Address	Patient city of residence	Yes
PAT15	State Address	Patient state of residence	Yes
PAT16	ZIP Code Address	“00000” Non-US	Yes
PAT17	Phone Number	Patient phone number. If not available, report 10 zeros	Yes
PAT18	Date of Birth	CCYYMMDD	Yes
PAT19	Gender Code	“F” or “M” or “U”	Yes
DSP - DISPENSING RECORD			
DSP01	Reporting Status	“00” New record; “01” Revised; “02” Void	Yes
DSP02	Prescription Number	Number assigned by pharmacy	Yes
DSP03	Date Written	CCYYMMDD	Yes
DSP04	Refills Authorized	Total number of Auth Refills	Yes
DSP05	Date Filled	CCYYMMDD	Yes
DSP06	Refill Number	0 = indicates original dispensing;	Yes



Ref. Code	Data Element Name	Format	Required Data
		01-99 is the refill number	
DSP07	Product ID Qualifier	"01" for NDC# "06" for compound	Yes
DSP08	Product ID	NDC# or "9999999999" for compound; If a compound the CDI segment is required	Yes
DSP09	Quantity Dispensed	Metric decimal format	Yes
DSP10	Days Supply	Est. number of days for prescription	Yes
DSP11	Drug Dosage Units Code	"01" # of units or "02" ml or "03" gm	Yes
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
PRE PRESCRIBER INFORMATION			
PRE02	DEA Number	Prescriber DEA	Yes
PRE05	Last Name	Prescriber Last Name	Yes
PRE06	First Name	Prescriber First Name	Yes
CDI - COMPOUND DRUG INGREDIENT DETAIL (If DSP07 is "compound")			
CDI01	Compound Drug Ingredient Number	1 st reportable ingredient is "1"; additional ingredients are incremented by 1.	
CDI02	Product ID Qualifier	"01" = NDC#	
CDI03	Product ID	NDC# with leading zeros	
CDI04	Compound Ingredient Quantity	Metric Decimal quantity	
CDI05	Compound Drug Dosage Units Code	"01" # of units or "02" ml or "03" gm	
AIR - ADDITIONAL INFORMATION REPORTING - Situational			
TP PHARMACY TRAILER			
TP01	Detail Segment Count	Includes PHA; all Detail segments & TP segment	Yes
TT TRANSACTION SET TRAILER			
TT01	Transaction Control Number	Must match TH02	Yes
TT02	Segment Count	Total # of segments, including header and trailer segments	Yes



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 -- 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 that 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.

(Please note that passwords are case sensitive. You will need to be sure that your 'number lock' button is on, and that your 'caps lock' button is off.)

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 stock bottle. It should be in a 5-4-2 format. If any section is missing a digit, please add a leading zero.

What drugs should be reported?

Controlled substances listed in schedules II-IV of the Controlled Substances Act must be reported.

How often should I submit data?

Starting January 1, 2013, you are required to submit data at least on a weekly basis, but you are welcome to submit data on a daily basis (the program prefers more frequent submissions). There is no limit to how frequently data is reported but the minimum reporting period is weekly (Sunday through Saturday is the defined 'week'). The more often you submit data, the more current patient history reports will be.

Contact the Board with questions regarding reporting frequency or scheduling. Call (515) 281-5944; E-mail terry.witkowski@iowa.gov; fax (515) 281-4609.



How are compounded prescriptions to be recorded?

Prescriptions compounded by the pharmacist and containing a controlled substance must be reported. To submit a compound controlled substance, the field DSP07 must indicate this by the value '06' for compound. Subsequently, DSP08 must then be reported as eleven "9's" or 9999999999. By reporting the value in DSP07 as '06,' the CDI segment then becomes a mandatory or required segment.

The CDI segment will require that reportable controlled substances be reported in increments of 1 in field CDI01; the NDC code is reported as '01' in CDI02; and the NDC of those reportable ingredients is provided in CDI03. The quantity is provided in metric decimal format in CDI04; and the Drug Dosage Units Code is reported in CDI05.

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

Extensions are not granted. Reporting period deadlines are currently the 10th and 25th of each month. Effective January 1, 2013, the reporting period deadline is the Wednesday following each week. A week is defined as the period beginning Sunday and ending Saturday of the same calendar week. In circumstances of natural disaster or other unforeseen extraordinary emergency, please contact the Board.

What should I do if I believe I am exempt from reporting?

If you believe your pharmacy is exempt from reporting, contact the Board to obtain and file an application for exemption. Call (515) 281-5944; E-mail terry.witkowski@iowa.gov; fax (515) 281-4609.

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

Zero Reports can be submitted using the account that uses the pharmacy's DEA number as the username. Zero Reports may be submitted via FTP's in ASAP 2009/v4.1 format ONLY. Zero reports may also be submitted electronically via the data reporting site in the ASAP 95 or ASAP 2009/v4.1 format. Please see the section titled "Zero Reporting" for additional information or visit www.asapnet.org to purchase an implementation guide with detailed instructions.

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 iarxreport@otech.com with the following information:

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

(If you are unsure if your data was submitted, resubmit the data for the time period in question. This data will take one day to process before we are able to review the submission.)



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

File issues and Error Corrections:


What should the filename be?

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

What does the file status 'Pending' mean?

Files will process overnight (usually) and therefore they will be in a 'Pending' status until the day following an upload. You will receive a notification of the status of your processed file in the 'Message Center' in your account. If you have set up email notification in your 'My Account' section, you will also receive notification messages in your email inbox.





I do not work with a software vendor; how should I submit controlled substance and HGH 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. Missing or incorrect field data should be corrected by the pharmacy.

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. An email will be sent (the following day) confirming the file's status and any errors present. You will continue to receive these confirmations in the 'Message Center' of your account as well.



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

A prescription requiring correction can be submitted via the prescription maintenance page. Search for the prescription and verify the patient and dispensing details. The section, 'Prescription Details,' will allow the user to choose one of the following reporting status': "New," "Change," "Cancel," or "Purge." You may update the prescription by choosing 'Change,' correcting the erroneous information, checking the confirmation box, and clicking Save.

All users may update prescription records according to these instructions, regardless of the type of submission.

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 by the user, they cannot be edited or deleted.

OTHER QUESTIONS:

How do I setup an FTP account?

You will need to go to the website: www.iarxreport.com and register as Pharmacy – FTP. Your registration will be reviewed and you will be notified by email.

Should a suffix be included in the Last Name Field?

No, the ASAP 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 PMP. See ASAP guidelines for more detailed information.

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

Patients residing outside of the U.S. should be identified by a zip code entered as zeros '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 directly contact Optimum for assistance.

The Board will act as the final interpreter of regulations. Unresolved disagreements between a pharmacy and Optimum will be resolved by the Board.



Attachment 1
Program Transmittal Form –CD's/DVD's only

File Name: _____ Date: _____

The file name should be the pharmacy DEA number and the date submitted followed by .DAT (example: pharmacy DEA # AB1123456 submitted on August 8, 2011, is AB1123456080811.DAT)

Pharmacy Name: _____

Iowa Board of Pharmacy License Number: _____

Number of Prescriptions in File: _____

Name of person submitting report: _____

Phone Number: _____ Fax Number: _____

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



**Attachment 2
Universal Claim Form**

If you have Internet access but need to manually report prescriptions (refer to page 5 for more information regarding manual reporting), complete the following information for each prescription. If you do not have Internet access, please provide the following information and fax or mail to Optimum Technology at 614-547-0063 or 100 E. Campus View Blvd, Columbus Ohio 43235. The form below serves as an example only. Do not use this form for reporting purposes. Please refer to page 12 for more information regarding the data elements.

Pharmacy DEA#: _____

Last Name(PAT07)	First Name (PAT080)	DOB (PAT18)	Gender (PAT19)	Address (PAT12)	City (PAT14)	State (PAT15)	Zip (PAT16)
Prescriber DEA # (PRE02)							
Reporting Status (DSP01)	Rx Number (DSP02)	Date Written (DSP03)		Authorized Refills (DSP04)	Date Filled (DSP05)	Refill Number (DSP06)	
New/Edit/Delete							
Id Qualifier (DSP07)	Product National Drug Code (DSP08)	Quantity (DSP09)		Days Supply (DSP10)	Drug Dosage Unit (DSP11)	Payment Method (DSP16)	
"01" NDC# or "06" compound					Each, mL or grams		