INDIANA
PRESCRIPTION MONITORING PROGRAM

DATA REPORTING MANUAL
Effective December 2010

INSPECT
402 W. Washington St. Room W072
Indianapolis, IN 46204

inspect@pla.in.gov

INDIANA PRESCRIPTION MONITORING PROGRAM

In accordance with Indiana Code IC 35-48-7, the Indiana Board of Pharmacy (Board) has established an electronic prescription drug monitoring program (PMP) for the purpose of compiling records of all scheduled controlled substances dispensed by Indiana pharmacies.

The Indiana Scheduled Prescription Electronic Collection and Tracking (INSPECT) program collects and monitors controlled substance prescription data. All pharmacies licensed to do business in Indiana must report all controlled substance prescription data to INSPECT within 7 days from the date on which a drug is dispensed to an Indiana resident. Under certain conditions, as defined by Indiana law, that prescription information is then made available upon request to licensed healthcare practitioners and sworn law enforcement officials in the form of a patient Rx History report.

An INSPECT patient Rx History Report provides users with a summary of the Schedule II, III, IV, and V controlled substances a patient has been prescribed. It also lists the practitioners who have prescribed to the patient, as well as the pharmacies that have dispensed to them. Registered INSPECT users may request Rx History Reports 24/7 from any computer with internet access. For information on how to register, please see the FAQs or visit www.in.gov/inspect.

REPORTING THE DATA

Pharmacies will report the required prescription dispensing information to INSPECT, who will collect all data and manage the technical aspects of the program.

Contact Information:
402 W Washington St, Room W072; Indianapolis, IN 46204
E-MAIL: inspect@pla.in.gov
TEL: 317/234-4458
FAX: 317/233-4236

Such reporting without individual authorization by the patient is allowed under HIPAA, 45CFR § 164.512, paragraphs (a) and (d).

IMPLEMENTATION SCHEDULE AND REPORTING TIMELINES

Submissions of controlled substance data must occur within seven (7) days of the dispensation of that controlled substance. Submissions must occur every seven (7) days if the facility is dispensing at least one (1) controlled substance prescription per week.

If a controlled substance is dispensed on the 5th of the month, it must be reported to the INSPECT database before or on the 12th of that month to remain compliant with statute. A good process to ensure uploads will occur within seven days of each other is to have the facility follow a schedule when uploading. Uploads could occur on the 1st, 7th, 14th, etc. of every month or you could upload on a certain day each week, for instance uploading every Monday. We also recommend overlapping dates when you create your .dat file (Ex: Monday 1st – Monday 7th , then the next submission dates could run Monday 7th – Monday 14th.)

Pharmacies who so choose may report more frequently than weekly, for example, twice weekly or daily.

REPORTING PROCEDURES

All scheduled drug prescription dispensing information is to be reported. All pharmacies who are licensed by the Board and who dispense scheduled controlled substances are required to submit the information by one of the five (5) following data submission options.

1. Online Prescription Upload

https://extranet.pla.in.gov/PMPWebCenter is the secure web site address for uploading data to INSPECT which utilizes 128-bit encryption. You must be a registered user to access the website. Please see www.in.gov/inspect for registration details or to submit a registration application. 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 must be submitted in the format on pages 8. This format is based on ASAP 2007. The file name should be your username (the pharmacy's NABP number – also known as the NCPDP number), followed by the date of submission and followed by .DAT as the file extension. Therefore, if your NABP number is *1532477* and you are submitting on December 1, 2010, the file would look like this: *1532477120110.dat*.

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 – see Attachment 1.)

Submit information in the format based on ASAP 2007 (detailed on page 8).

The filename should be your username (the pharmacy's NABP number), followed by the date of submission and followed by .DAT as the file extension.

A Program Transmittal Form (Attachment 1) must accompany external media submissions. The pharmacy should make copies of the enclosed, blank Program Transmittal Form for future use. The pharmacy may also wish to keep a copy of the completed form for its records. The external media label must contain: Pharmacy Name, NABP number, and the number of prescriptions.

The data CD or disk, accompanied by the completed media form, must be mailed to:

INSPECT
402 W Washington St,
Room W072
Indianapolis, IN 46204

3. Universal Claim Form

A pharmacy who does not have an automated record keeping system capable of producing an electronic report in a format described above, may submit prescription information on the industry standard Universal Claim form via a link on the prescription upload website: https://extranet.pla.in.gov/PMPWebCenter. See page 8 for required field definitions.

To Access the UCF Manual Entry screen in the PMP Portal:

1. Login to https://extranet.pla.in.gov/PMPWebCenter with your username and password.

2. Single click left mouse button on Upload Center.
3. Single click left mouse button on Manual Entry.
4. As explained in 'WHAT DATA IS MANDATORY, WHAT IS OPTIONAL**?'** section, the pharmacy must have at least mandatory data available to enter manual prescriptions.

If a pharmacy location does not have Internet access, the paper Universal Claim Form (Attachment 2) may be completed and mailed to:

INSPECT
402 W Washington St,
Room W072
Indianapolis, IN 46204

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 FTP (SSL over FTP) procedure. Chain pharmacies should seek direction from their corporate offices concerning how their data will be reported. Corporate offices and their software vendors should send FTP account requests to INSPECT at: inspect@pla.in.gov .

Please include the following information in your request:
Company name and address
Contact name (only one) and telephone number
Email address

FTP requestors will then be contacted with login information by the INSPECT program.

5. Zero Reports

If a pharmacy dispenses no scheduled prescriptions during a reporting period, a "zero" report must be submitted. This must be done via a link on the prescription upload Website:
https://extranet.pla.in.gov/PMPWebCenter

To Access the Zero Reporting screen in the PMP Portal:

1. Login to https://extranet.pla.in.gov/PMPWebCenter with your username and password.
2. Single click left mouse button on Upload Center.
3. Single click left mouse button on Submit Zero Report.
4. Select the Zero reporting period from the 'Date From' dropdown.
5. Single click left mouse button on Submit button.

REJECTIONS

The PMP Portal will validate record by record and will reject any record that does not include required data or that otherwise fails validation requirement. If the total rejected records exceed the threshold determined by the Board, the entire file will be rejected. If the threshold is not exceeded, those records which do not meet the validation requirements will be rejected. The records which do meet the validation requirements will be accepted.

The submitter is responsible for checking the PMP Portal 24 hours after uploading data to make sure the submission file processed and correct errant records if any exist. Errant records must be corrected to remain compliant with IC 35-48-7. INSPECT is not authorized to modify any data. Therefore the pharmacy is required to correct and resubmit the rejected records or, if necessary, the entire file. The following section explains how to view and make corrections to the rejected prescription record through the PMP Portal.

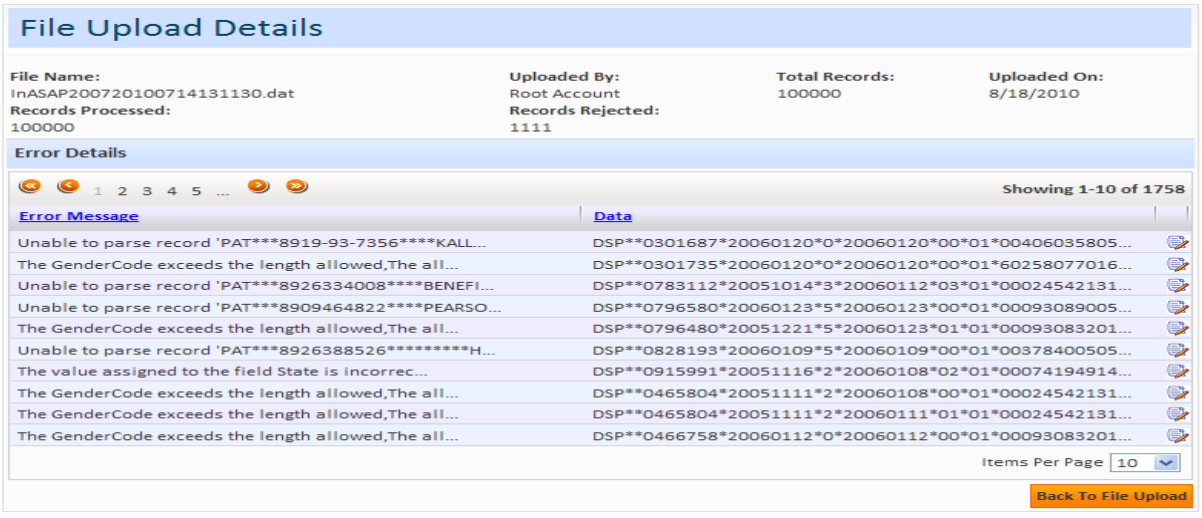
Correcting File Upload Errors:

The PMP Portal will validate each record and reject only those records which do not meet the validation requirements. The pharmacy can view the reason for rejection for each prescription record and can make corrections to a rejected prescription record through the PMP Portal.

View File Upload Errors:

1. Login to https://extranet.pla.in.gov/PMPWebCenter with your username and password.
2. Single click left mouse button on Upload Center.
3. Single click left mouse button on File Upload.
4. Single click left mouse button on the appropriate file name listed under Uploaded Files.
5. Error messages are listed under the Description column.

Example:



Prescription Corrections:

There are two options to correct the data as detailed below.

1. Correct the data in your prescription software and then regenerate and upload the data.
   Please note that this process will result in the transmission of duplicate records, unless the reporting status field is set to "Revision".

2. Correct the data online via the PMP Portal. This type of correction is manually performed and is preferred 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 button on Submit.
      v. If additional errors exist, single click left mouse button on Back to Exceptions.
      vi. Repeat the process for each error received.
   b. To confirm that all errors have been 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.

NOTE: Duplicate errors cannot be edited. A duplicate error means the prescription record has already been added to the database. Duplicate error messages are an FYI only and require no action.

ASSISTANCE AND SUPPORT

The Indiana Board of Pharmacy will act as the final interpreter of regulations. Unresolved disagreements between a pharmacy and the vendor will be resolved by the Board. Please send requests for assistance and support to: inspect@pla.in.gov .

Frequently Asked Questions

How do I obtain a username and password to access the INSPECT PMP WebCenter?
Visit www.in.gov/inspect and click "Register" to open the registration application. If you need to register a pharmacy to upload controlled substance data, click "Pharmacy" as the user job and provide the NABP number (NCPDP) of the pharmacy. If you are a Practitioner (Physician, Nurse Practitioner, Pharmacist, Doctor of Osteopathy, Physician's Assistant, etc.) wishing to register for an individual account to request Patient Rx History reports, then choose "Practitioner" as your user job and provide both your professional license number and DEA number. Pharmacists registering for individual accounts may leave the space for a DEA number blank.

Be sure to provide a secure, private email address for the registering individual, as it is against policy to send a user's confidential login information to an office-wide email or a third-party email address. Applications are reviewed within 1-2 business days and a response is sent to the email address in the registration.

What if the pharmacy did not fill any Scheduled prescriptions during the reporting period?
Please submit a zero report via the Web Upload Page, https://extranet.pla.in.gov/PMPWebCenter, indicating zero reports for Schedule II, III, or IV prescriptions dispensed and specify the time period that you are reporting. Please see Section 5 - Zero Reports for more information.

Are nursing home prescriptions required to be reported to the PMP?
Prescription records for patients residing in long-term care facilities are not subject to reporting requirements. However, prescriptions dispensed to assisted living facility patients are subject to reporting requirements.

Are hospital prescriptions required to be reported to the PMP?
Inpatient prescriptions dispensed are exempt. Outpatient prescriptions including employee prescriptions must be reported.

How are compounded prescriptions to be recorded?
Prescriptions compounded by the pharmacist and containing a controlled substance must be reported. The NDC number of the Schedule II, III, or IV ingredient in the compounded product must appear in the NDC field. The actual metric quantity of the Schedule II, III, or IV substance used in the compounding is reported in the quantity field. If more than one controlled substance is used in a compounded prescription, the quantities of each covered ingredient are added together and the sum is reported in the quantity field. The NDC number for the combined sum of controlled substances in the compounded prescription is reported as eleven "9"s (99999999999).

What is exempt from reporting?
- 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)

What forms of customer identification are acceptable?

A) A valid driver's license of a recipient or a recipient's representative issued under Indiana law or the law of any other state.

B) A recipient's or a recipient representative's valid military identification card.

C) A valid identification card of a recipient or a recipient's representative issued by:

(i) the bureau of motor vehicles as described in IC 9-24-16-3; or

(ii) any other state and that is similar to the identification card issued by the bureau of motor vehicles.

D) If the recipient is an animal:

(i) the valid driver's license issued under Indiana law or the law of any other state;

(ii) the valid military identification card; or

(iii) the valid identification card issued by the bureau of motor vehicles and described in IC 9-24-16-3 or a valid identification card of similar description that is issued by any other state;

of the animal's owner.

Please note that the following numbers should be submitted only if a BMV-issued ID number is not available.

1. Social Security Number
2. "2" followed by the unique number on a Passport
3. "3" followed by the unique number on an official identification issued by the US Citizenship and Immigration Services

What should I use for a customer ID number if no license or SSN is available?

It is acceptable to use the program designated number "9999999" to submit for a customer ID if none is available. **(IC 35-48-7-5)**

When users have generated a sample file of their own, how do you test run the file?

User's have the following option to verify the format of the file online. The upgraded PMP WebCenter will have a option "Test Run Upload", which is accessible from Upload Center-->Test Run Upload. Users can use this feature to upload and test the file online.

This will do the following:

- Confirm for ASAP 2007 format
- Test for business rules (such as verify all mandatory fields are reported, check for acceptable data such as M for Male, F for Female)
- After the validation is completed, users will have the option to print the test results.
- No data is uploaded to database during this process

Note:--> If the file is uploaded by this method, the file will not automatically be updated to database, even if the file is valid. User's still have to upload the file using the "File Upload" option.

If you believe your pharmacy is exempt from reporting, you must contact INSPECT at inspect@pla.in.gov or by fax at 317-233-4236.

WHAT DATA IS MANDATORY, WHAT IS OPTIONAL?

Summary of ASAP 2007 Data Elements Required by State of Indiana

Bold = Mandatory Field

Normal = Optional Field

Ref. Code	Data Element Name	Format/Values	Attributes*	
TH TRANSACTION HEADER				
TH01	**Version/Release Number**	**4.0 ASAP Version 4 Release 0**	**AN**	**4**
TH02	**Transaction Control Number**		**AN**	**10**
TH03	Transaction Type	01	N	2
TH05	**Created Date**	**CCYYMMDD**	**DT**	**8**
TH06	**Creation Time**	**HHMM**	**TM**	**6**
TH07	**File Type**	**“P” Production or “T” Test**	**AN**	**1**
TH08	**Composite Element Separator**	**Composite Element Separator**	**AN**	**1**
TH09	**Data Segment Terminator**	**Data Segment Terminator Character**	**AN**	**1**
IS INFORMATION SOURCE				
IS01	**Unique Information Source**		**AN**	**10**
IS02	**Information Source Entity Name**		**AN**	**60**
PHA PHARMACY HEADER				
PHA02	**NCPDP/NABP Number ID**		**AN**	**10**
PAT PATIENT INFORMATION				
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 or “08” Tribal ID or “99” Other**	**N**	**2**
PAT03	**ID of Patient**		**AN**	**20**
PAT07	**Last Name**		**AN**	**50**
PAT08	**First Name**		**AN**	**50**
PAT09	Middle Name		AN	30
PAT12	**Address Information – 1**		**AN**	**30**
PAT14	**City Address**		**AN**	**20**
PAT15	**State Address**		**AN**	**10**
PAT16	**ZIP Code Address**	**“00000” for Non-US**	**AN**	**9**
PAT18	**Date of Birth**	**CCYYMMDD**	**DT**	**8**
PAT19	**Gender Code**	**"F" or "M" or "U"**	**AN**	**1**
PAT20	Species Code	“01” Human or “02” Veterinary Patient	N	2
DSP DISPENSING RECORD				
DSP01	Reporting Status	“01” Change or “02” Cancel or “03” Purged (Empty means new)	N	2
DSP02	**Prescription Number**		**AN**	**25**
DSP03	**Date Written**	**CCYYMMDD**	**DT**	**8**
DSP04	**Refills Authorized**		**N**	**2**
DSP05	**Date Filled**	**CCYYMMDD**	**DT**	**8**
DSP06	**Refill Number**		**N**	**2**
DSP07	**Product ID Qualifier**	**“01” NDC# or “02” UPC or “06” compound**	**N**	**2**
DSP08	**Product ID**	**NDC# or UPC# or “9999999999” compound**	**AN**	**15**

Ref. Code	Data Element Name	Format/Values	Attributes*	
DSP09	**Quantity Dispensed**		**D**	**11**
DSP10	**Days Supply**		**N**	**3**
DSP11	**Drug Dosage Units Code**	**"01" # of units or "02" ml or "03" gm**	**N**	**2**
DSP12	Transmission Form of RX Origin	"01" Written Rx or "02" Telephone Rx or "03" Telephone Emergency Rx or "04" Fax Rx or	N	2
DSP16	**Classification Code for Payment Type**	**"01" Private Pay (Cash, Charge, Credit Card) or "02" "05" Electronic Rx or "99" Other 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**	**N**	**2**
PRE PRESCRIBER INFORMATION				
PRE02	**DEA Number**		**AN**	**10**
CDI COMPOUND DRUG INGREDIENT DETAIL (If DSP07 is "compound")				
CDI01	**Compound Drug Ingredient Number**		**N**	**2**
CDI02	**Product ID Qualifier**	**"01" NDC# or "02" UPC or "06" compound**	**N**	**2**
CDI03	**Product ID**	**NDC# or UPC# or "99999999999" compound**	**AN**	**15**
CDI04	**Compound Ingredient Quantity**		**D**	**11**
CDI05	Compound Drug Dosage Units Code	"01" # of units or "02" ml or "03" gm	N	2
TP PHARMACY TRAILER				
TP01	**Detail Segment Count**		**N**	**10**
TT TRANSACTION TRAILER				
TT01	**Transaction Control Number**		**AN**	**10**
TT02	**Segment Count**		**N**	**10**

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

Attachment 1
Indiana Program Transmittal Form
[Must accompany external media submissions (CD-ROM, diskette, etc.)]

File Name: _____ Date: _____

The file name should be the NABP number, followed by the date submitting, followed by .DAT (example: 1532477120110.DAT)

Pharmacy Name: _____

NABP Number: _____

Number of Prescriptions in File: _____

Name of person submitting report: _____

Phone Number: _____ Fax Number: _____

External/diskette label must contain: Pharmacy Name, NABP Number and Number of Prescriptions

Attachment 2

UNIVERSAL CLAIM FORM

Indiana Prescription Monitoring Program

Please see page 8 for required field definitions

PHARMACY NABP # ____________________

Patient ID Qualifier	Patient ID	Last Name	First Name	Street Address	City	Zip Code	DOB	Gender

Reporting Status	RX #	Date Written	Refills Authorized	Date Filled	Refill Number	Product ID Qualifier	Product ID	Quantity Dispensed	Days Supply	Dosage Unit Code	Prescriber DEA #

Patient ID Qualifier	Patient ID	Last Name	First Name	Street Address	City	Zip Code	DOB	Gender

Reporting Status	RX #	Date Written	Refills Authorized	Date Filled	Refill Number	Product ID Qualifier	Product ID	Quantity Dispensed	Days Supply	Dosage Unit Code	Prescriber DEA #

Patient ID Qualifier	Patient ID	Last Name	First Name	Street Address	City	Zip Code	DOB	Gender

Reporting Status	RX #	Date Written	Refills Authorized	Date Filled	Refill Number	Product ID Qualifier	Product ID	Quantity Dispensed	Days Supply	Dosage Unit Code	Prescriber DEA #

Attachment 3

State of Indiana ASAP R 4.0/ 2007 Telecommunications Format for Controlled Substances

All ASAP 2007 Fields

Bold = Mandatory Field

Normal = Optional Field

Ref. Code	Data Element Name	Format	Attributes*		
HEADER SEGMENT					
TH TRANSACTION HEADER					
TH01	**Version/Release Number**		✓	**AN**	**4**
TH02	**Transaction Control Number**		✓	**AN**	**10**
TH03	Transaction Type			N	2
TH04	Response ID			AN	10
TH05	**Created Date**		✓	**DT**	**8**
TH06	**Creation Time**		✓	**TM**	**6**
TH07	**File Type**		✓	**AN**	**1**
TH08	Composite Element Separator			AN	1
TH09	**Data Segment Terminator**		✓	**AN**	**1**
IS INFORMATION SOURCE					
IS01	**Unique Information Source**		✓	**AN**	**10**
IS02	**Information Source Entity Name**		✓	**AN**	**60**
IS03	Message			AN	60
PHA DISPENSING PHARMACY					
PHA01	National Provider Identifier (NPI)			AN	10
PHA02	**NCPDP/NABP Number ID**		✓	**AN**	**10**
PHA03	DEA Number			AN	10
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 or "08" Tribal ID or "99" Other**	✓	N	2
PAT03	**ID of Patient**		✓	AN	20
PAT04	ID Qualifier of Additional Patient Identifier			AN	3
PAT05	Additional Patient ID Qualifier			N	2
PAT06	Additional ID			AN	20

Ref. Code	Data Element Name	Format	Attributes*		
PAT07	**Last Name**		✓	AN	50
PAT08	**First Name**		✓	AN	50
PAT09	Middle Name		✓	AN	30
PAT10	Name Prefix			AN	10
PAT11	Name Suffix			AN	10
PAT12	**Address Information – 1**		✓	AN	30
PAT13	Address Information – 2			AN	30
PAT14	**City Address**		✓	AN	20
PAT15	**State Address**		✓	AN	10
PAT16	**ZIP Code Address**	**"00000" Non-US**	✓	AN	9
PAT17	Phone Number			AN	10
PAT18	**Date of Birth**	**CCYYMMDD**	✓	DT	8
PAT19	**Gender Code**	**"F" or "M" or "U"**	✓	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	"01" Change or "02" Cancel or "03" Purged (Empty means new)	✓	N	2
DSP02	**Prescription Number**		✓	**AN**	**25**
DSP03	**Date Written**	**CCYYMMDD**	✓	**DT**	**8**
DSP04	**Refills Authorized**		✓	**N**	**2**
DSP05	**Date Filled**	**CCYYMMDD**	✓	**DT**	**8**
DSP06	**Refill Number**		✓	**N**	**2**
DSP07	**Product ID Qualifier**	**"01" NDC# or "02" UPC or "06" compound**	✓	**N**	**2**
DSP08	**Product ID**	**NDC# or UPC# or "99999999999" compound**	✓	**AN**	**15**
DSP09	**Quantity Dispensed**		✓	**D**	**11**
DSP10	**Days Supply**		✓	**N**	**3**
DSP11	**Drug Dosage Units Code**	**"01" # of units or "02" ml or "03" gm**	✓	**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	✓	N	2
DSP13	Partial Fill Indicator			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**	✓	**N**	**2**
PRE PRESCRIBER INFORMATION					
PRE01	National Provider Identifier (NPI)			AN	10
PRE02	**DEA Number**		✓	**AN**	**10**
PRE03	DEA Number Suffix			AN	7
PRE04	Prescriber State License Number			AN	10

Ref. Code	Data Element Name	Format	Attributes*		
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**		✓	**N**	**2**
CDI02	**Product ID Qualifier**	**"01" NDC# or "02" UPC or "06" compound**	✓	**N**	**2**
CDI03	**Product ID**	**NDC# or UPC# or "99999999999" compound**	✓	**AN**	**15**
CDI04	**Compound Ingredient Quantity**		✓	**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	3
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**		✓	**N**	**10**
TT TRANSACTION SET TRAILER					
TT01	**Transaction Control Number**		✓	**AN**	**10**
TT02	**Segment Count**		✓	**N**	**10**

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

✓ **ASAP 2007 Required Data Elements by INSPECT**