

ARIZONA CONTROLLED SUBSTANCES PRESCRIPTION MONITORING PROGRAM

DATA COLLECTION MANUAL

Effective Date: January 1, 2015



Appriss, Inc.

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ARIZONA'S PRESCRIPTION MONITORING PROGRAM

Arizona's Forty-eighth Legislature passed H.B. 2136 establishing a Controlled Substances Prescription Monitoring Program (CSPMP). The bill requires the Arizona State Board of Pharmacy (ASBP) to establish a controlled substances prescription monitoring program and requires pharmacies and medical practitioners who dispense controlled substances listed in Schedule II, III, and IV to a patient, to report prescription information to the Board of Pharmacy on a ~~weekly~~ basis (see reporting change below). The new statutes, A.R.S. Title 36, Chapter 28 are available on the Board's website under the "Rules and Statutes" link.

The program requires a dispenser licensed in the State of Arizona, that dispenses controlled substances in schedule II, III, and IV within or from outside of the State of Arizona and to patients in the State of Arizona to submit the required information. The program covers the entire State of Arizona and requires all dispensers to report daily (unless granted a waiver from daily reporting). Both resident and non-resident pharmacies and dispensing practitioners are required to report.

On March 24, 2014, Governor Brewer signed Senate Bill 1124, an Act amending Sections 36-2604 and 36-2608, Arizona Revised Statutes, relating to the Controlled Substances Prescription Monitoring Program. The law becomes effective on July 24, 2014. The Bill made changes to A.R.S. 36-2608 that affect Arizona CSPMP Uploaders. Subsection B of A.R.S. 36-2608 is changed to require a dispenser (uploader) to use the September 29, 2011 Version 4, Release 2 Standard Implementation Guide for Prescription Monitoring Programs published by the American Society of Automation in Pharmacy (ASAP) instead of the August 31, 2005 Version 003, Release 000. Subsection C of A.R.S. 36-2608 is changed to require that the data be uploaded once each day instead of once each week.

Reporting Requirements and Schedules

Dispensers will report the required dispensing information to Appriss, Inc. (Appriss), a private contractor that will collect all data and manage the technical aspects of the program.

Toll-free number for Appriss: **1-855-929-4767**

Email for technical assistance: **AZRxReporting@appriss.com**

Fax: **1-866-282-7076**

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

Subsequent Reporting:

Beginning July 24, 2014 all uploaders are required upload prescription data once daily, except those uploaders who received an exemption allowing them to upload less often.

Reporting Procedures and File Types

Only **Schedule II-IV** prescription dispensing information is to be reported. All dispensers who are licensed by the State of Arizona that dispense Schedule II-IV controlled substances are required to submit the information by one of the four (4) following data submission options.

1. Website Upload/Prescription File Upload:

The user will need to use the login credential provided to sign into their Uploader account at the following website: www.AZRxReporting.com. If you do not already have an Uploader account, please register for an account at the above website.

This secure website address is provided for uploading data to Appriss, which utilizes 256-bit encryption. Dispensers are able to access the secure website via a web browser.

You will need to be able to upload your data in the ASAP 2011 v4.2 format as a .DAT or .TXT file.

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

Therefore, if your DEA number is *AB1234567* and you are submitting on August 1, 2013, the file would look like this: ***AB1234567080113.dat*** or ***AB1234567080113.txt***.

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

Uploading your file:

1. Go to the **Data Collection menu** > Choose **File Upload**
2. **Click Browse** to locate your file,
3. Highlight the File, then **Click Open** (the file will populate in the File Name field)
4. **Click Upload** to send the file to Appriss
5. You will receive confirmation via the web page that your file was successfully submitted and will be processed by the batch processor within 24 hours.

You may view all uploaded files, and their status, on the 'View Uploaded Files' tab on the 'File Upload' page. This page will show a history of all files submitted to the program, their status,

and any errors contained within the file. Corrections may also be made via the 'View Uploaded Files' tab (see the section "Errors and Corrections.")

2. CD-ROM, CD-R, CD-RW, DVD or 3 1/2" Diskette

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

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

These media forms must be mailed to:
Appriss, Inc.
400 West Wilson Bridge Rd; Suite 305
Columbus, OH 43085

3. Manual Entry:

A dispenser may submit prescriptions on the Manual Entry Page via a link on the prescription upload website: www.AZRxReporting.com.

Use the following instructions to access the Manual Entry Form:

- a) Login to www.AZRxReporting.com with your username and password
- b) Hover over the **Data Collection Menu**
- c) Click on **Manual Entry**
- d) Enter the prescription information. If you would like information regarding which fields must be populated during a manual entry, please refer to the section entitled "Required Information and Formatting."
- e) To enter another prescription, please repeat steps two and three to access a blank form. Failure to do so will create flawed/incorrect prescription records.

4. Secure FTP:

Chain Pharmacies, Community Pharmacies, and Dispensing Practitioners with multiple facilities may submit one data transmission on behalf of all of their facilities. In fact, the program prefers that chain pharmacies, community pharmacies, and dispensing practitioners with multiple facilities submit one transmission with the data for all of their facilities. They may do so utilizing the 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 register at www.AZRxReporting.com, for an "Uploader" account type, to obtain a user id and

password. While registering for the “Uploader” account, please make sure to select “yes” when asked the question “Will you upload using FTP method?”

The host name for transfer is www.azrxreporting.com. Login credentials will be emailed to the email address listed on the registration within 24-48 business hours.

Please note: If multiple files are being uploaded via FTP in the same day the files must have different names. If a second file is uploaded in the same day with the same file name, the second file will overwrite the first file.

Zero Reporting

If a dispenser does not prescribe controlled substances in **Schedules II-IV** during a reporting period, a “zero” report must be submitted. This may be done via a link on the CSPMP website www.AZRxReporting.com, or through an uploaded file.

To File a Zero Report in the Data Collection Portal:

1. Login to www.AZRxReporting.com with your username and password
2. Go to the **Data Collection menu**
3. Click on the option **Upload Pharmacy Zero Report**
4. Select the reporting period for zero report submission
5. Click **Submit**
6. Click the ‘View submitted reports’ tab to view a history of zero reporting for your pharmacy

Chain pharmacies should seek direction from their corporate offices concerning how their data (zero reports) will be submitted.

Zero Reporting may also be done via file upload (through either the website or a secure FTP transfer.) 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; DSP05; and IS03. The segments should be completed accordingly: PAT07 = Report; PAT08 = Zero; DSP05 = Date sent; IS03 = Date range.

ASAP 2011/ v4.2 Zero Report Summary

Ref. Code	Data Element Name	Format	Attributes*
TH TRANSACTION HEADER – (TH01-TH09)			Required Data

Ref. Code	Data Element Name	Format	Attributes*
TH01	Version/Release Number	4.2	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	Segment Terminator Character	Examples: ~~ or or ::	Yes
IS INFORMATION SOURCE – (IS01-IS03)			
IS01	Unique Information Source		Yes
IS02	Information Source Entity Name	Pharmacy Name	Yes
IS03	Message: Free Form	Date Range of Zero Report: #CCYYMMDD#-#CCYYMMDD#	Yes
PHA DISPENSING PHARMACY – (PHA01-PHA12)			
PHA03	DEA Number		Yes
PAT - PATIENT DETAIL SEGMENT – (PAT01-PAT23)			
PAT07	Last Name	Report	Yes
PAT08	First Name	Zero	Yes
DSP - DISPENSING DETAIL SEGMENT - REQUIRED			
DSP05	Date Filled	Date submitted: CCYYMMDD	Yes
TP - PHARMACY TRAILER – REQUIRED			
TP01	Detail Segment Count	Includes PHA; all Detail segments & TP segment	Yes
TT01			
TT01	Transaction Control Number	Must match TH02	Yes
TT02	Segment Count	Total # of segments, including header and trailer segments	Yes

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

```

TH*4.2*1700121700***20120116*1700*P**\
IS*190256000*Pharmacy Name*#20120101#-#20120115#\
PHA***AB1234567\
PAT*****Report*Zero*****\
DSP*****20120116*****\
PRE**\
TP*5\
TT*1700121700*8\

```

Alternative Reporting Method

The Controlled Substances Prescription Monitoring Program has approved an alternate form of reporting controlled substance data. The alternative method will utilize the Arizona Manual Entry Claim Form (Attachment 2) which will be mailed to Appriss, Inc. The Program may

administratively approve the use of the Arizona Manual Entry Claim Form, but regulations require extraordinary circumstances in order to receive approval. The dispenser should submit a “Waiver from Electronic Reporting” (Attachment 3), providing a detailed explanation of the extraordinary circumstances that necessitate the granting of the waiver.

Errors and Corrections

Rejections:

A file containing prescription errors must be corrected by the dispenser otherwise the prescription will not be entered into the PMP database, and thus the dispenser could be held accountable.

The Arizona Controlled Substances Prescription Monitoring Program application will validate each file submitted, record by record, and will 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. The user will be notified via email and the message center of the status of the file, and the errors contained within.

If 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 address is required for email notification.

Appriss is not authorized to modify any data, therefore, the dispenser will be required to correct these errors through the website or resubmit the entire file, if necessary.

Viewing Your Errors and File Upload Status:

The Data Collection Portal allows all users to login and view the status of their Uploaded Files. A history of all files submitted to the program can be viewed under the ‘View Uploaded Files’ tab under the ‘File Upload’ page. This page will also show the user any errors associated with a particular file, and will allow the user to make corrections to these errors through the website. Please follow the details below to view your uploaded files and any errors associated with those files.

Note: Only files uploaded with the same username you have logged in with will be visible to you.

View File Upload Errors:

1. Login to www.AZRxReporting.com with your username and password
2. Go to the Data Collection Menu → Click on **File Upload**
3. Click on the **View Uploaded Files** tab. This will display a history of all files submitted
4. Click on the file containing errors that you wish to correct
5. Click on each individual error to see a detailed description at the bottom of the page

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 retail RX software or Dispensing Practitioner software; 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 were accepted. The duplicate records require no action on the part of the pharmacy or dispenser.
 - b. You may also choose to correct only those records that were rejected and create a separate file to submit.

****If you create a new file containing the entire or a portion of the data range, please make sure you are uploading using the same ASAP file version****

2. Correct the data online via the Data Collection Portal. This type of correction is manually performed and preferred when there are minimal errors.
 - a. Login to www.AZRxReporting.com with your username and password
 - b. Go to the Data Collection Menu → Click on **File Upload**
 - c. Click on the **View Uploaded Files** tab. This will display a history of all files submitted
 - d. Click on the file containing errors that you wish to correct
 - e. To the right of each error, click on the paper/pencil icon . You will then be shown the **Prescription Correction** screen
 - f. Correct the fields indicated, click the authorization checkbox, and click **Save**
 - g. You will receive an online confirmation that your prescription was successfully saved

Prescription Maintenance

For security purposes, data cannot be deleted or altered by Aprriss once it has been *submitted* and *accepted* to the program. To remedy this situation, go to the 'Prescription Maintenance' page under the Data Management menu. Search for the prescription by prescription number, prescriber DEA, date filled or any combination of these criteria. You can then update the information by clicking on the prescription in question, correcting the information, checking the authorization check box, and clicking the 'Save' button. To delete the prescription, click on the prescription in question, check the authorization checkbox, and click 'Delete' button.

Test Run Upload Feature

This feature is provided to assist the user with identifying errors within a file, prior to submitting data to Appriss for reporting purposes. It is located under “Data Collection” within the CSPMP website. The feature can be used for any type of file that it is submitted directly through the www.AZRxReporting.com website.

The process is similar to submitting your completed file, but will allow the user to see any errors prior to your submission to the state reporting agency. Correct these errors within your pharmacy software, and create a new file to be uploaded.

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 by helping to identify any corrections that may be needed related to software or the format of your file.

Exemptions to Reporting

If you believe you are exempt from reporting; please complete the “Waiver from Electronic Reporting” (Attachment 3) and mail to:

Dean Wright, CSPMP Director
Arizona State Board of Pharmacy
1616 W. Adams, Suite 120
Phoenix, AZ 85007
(602) 771-2744; fax (602) 771-2748
dwright@azpharmacy.gov

Required Information and Formatting

ASAP 2011 v4.2 Telecommunications Format for Controlled Substances

All required ASAP fields

Please see www.asapnet.org for a complete implementation guide

Ref. Code	Data Element Name	Format	Attributes*
HEADER SEGMENTS			
TH TRANSACTION HEADER – (TH01-TH09)			Required Data
TH01	Version/Release Number	4.2	Yes

TH02	Transaction Control Number	See TT01; GUID is recommended	Yes
TH03	Transaction Type	Identifies the purpose of initiating the transaction: 01 = Send/Request Transaction 02 = Acknowledgement (used in response only) 03 = Error Receiving (used in response only) 04 = Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted)	Yes
TH05	Creation Date	CCYYMMDD	Yes
TH06	Creation Time	HHMMSS or HHMM	Yes
TH07	File Type	P = Production; T = Test	Yes
TH09	Segment Terminator Character	Examples: ~ or or ::	Yes
IS INFORMATION SOURCE – (IS01-IS03)			
IS01	Unique Information Source ID	(Ex: Phone number; however if phone number used do not use hyphens)	Yes
IS02	Information Source Entity Name	Pharmacy Name	Yes
PHA DISPENSING PHARMACY – (PHA01-PHA12)			
PHA03	DEA Number		Yes
PHA04	Pharmacy Name		Yes
PHA05	Address Information – 1		Yes
PHA07	City Address		Yes
PHA08	State Address		Yes
PHA09	Zip Code Address		Yes
DETAIL SEGMENTS			
PAT - PATIENT DETAIL SEGMENT – (PAT01-PAT23)			
PAT07	Last Name		Yes
PAT08	First Name		Yes
PAT12	Address Information – 1		Yes

PAT13	Address Information – 2	Populated if additional space is needed	Situational
PAT14	City Address		Yes
PAT15	State Address		Yes
PAT16	ZIP Code Address	00000 Non-US	Yes
PAT17	Phone Number	Complete phone number including area code. Do not include hyphens	Yes
PAT18	Date of Birth	CCYYMMDD	Yes
PAT19	Gender Code	F = Female M = Male U = Unknown	Yes
PAT20	Species Code	01 = Human 02 = Veterinary Patient	Yes
PAT23	Name of Animal	Required if PAT20 is populated with "02" Veterinary Patient	Situational
DSP - DISPENSING DETAIL SEGMENT - REQUIRED			
DSP01	Reporting Status	00 = New record 01 = Revise 02 = Void	Yes
DSP02	Prescription Number		Yes
DSP03	Date Written	CCYYMMDD	Yes
DSP04	Refills Authorized		Yes
DSP05	Date Filled	CCYYMMDD	Yes
DSP06	Refill Number	0 = indicates original dispensing; 01-99 is the refill number	Yes
DSP07	Product ID Qualifier	01 = NDC 06 = 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		Yes
DSP11	Drug Dosage Units Code	01 = Each (used to report package) 02 = Milliliters 03 = Grams (for milligrams adjust to the decimal gram equivalent)	Yes
DSP16	Classification Code for Payment Type	01 = Private Pay (Cash/Charge) 02 = Medicaid 03 = Medicare 04 = Commercial Insurance 05 = Military Installations and VA 06 = Workers’ Compensation 07 = Indian Nations 99 = Other	Yes
PRE - PRESCRIBER DETAIL SEGMENT - REQUIRED			
PRE02	DEA Number		Yes
PRE03	DEA Number Suffix	Required if the prescriber is using an institutional DEA number	Situational
PRE05	Last Name		Yes
PRE06	First Name		Yes
CDI - COMPOUND DRUG INGREDIENT DETAIL SEGMENT If DSP07 = 06 all CDI segments required			
CDI01	Compound Drug Ingredient Sequence Number	1 st reportable ingredient is “1”; additional ingredients are incremented by 1.	Situational
CDI02	Product ID Qualifier	01 = NDC 02 = UPC 03 = HRI 04 = UPN 05 = DIN	Situational

CDI03	Product ID	As indicated in CDI02	Situational
CDI04	Compound Ingredient Quantity	Metric Decimal quantity	Situational
CDI05	Compound Drug Dosage Units Code	01 = Each (used to report package) 02 = Milliliters 03 = Grams (for milligrams adjust to the decimal gram equivalent)	Situational
AIR ADDITIONAL INFORMATION REPORTING – SITUATIONAL			
All Segments optional.			
SUMMARY SEGMENTS			
TP - PHARMACY TRAILER – REQUIRED			
TP01	Detail Segment Count	Includes PHA; all Detail Segments & TP Segment	Yes
TT - TRAILER TRAILER – REQUIRED			
TT01	Transaction Control Number	Must match TH02	Yes
TT02	Segment Count	Total # of Segments, including Header and Trailer Segments	Yes

The table constitutes a summary of the required ASAP information for controlled substance reporting in Arizona. Additional information must be obtained by purchasing an implementation guide at www.asapnet.org.

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 go to the link 'Forgot/Reset Password.' If you are able to correctly answer the security questions provided, you will be able to reset your password using this function.

Prescription Data and Reporting Requirements:

What is the NDC Number?

The NDC or 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 Arizona Controlled Substances Prescription Monitoring Program (CSPMP) collects drug schedules II-IV.

How often should I submit data?

All uploaders are required to upload prescription data once daily, except those uploaders who received an exemption allowing them to upload less often.

How are compounded prescriptions to be recorded?

Prescriptions compounded by the pharmacist and containing a controlled substance must be reported. Please follow the ASAP 4.2 standard for reporting controlled substances. Information for format requirements can be found in the section entitled "Required Information and Formatting."

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 the prescription numbers, so that the prescription monitoring program and your location have coinciding records.

Why is the system rejecting the input metric quantity?

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

What should I do if the pharmacy or doctor is exempt from reporting?

If you believe you are exempt from reporting; please complete the "Waiver from Electronic Reporting" (Attachment 3) and mail to:

Dean Wright, CSPMP Director

Arizona State Board of Pharmacy
1616 W. Adams, Suite 120
Phoenix, AZ 85007
(602) 771-2744; fax (602) 771-2748
dwright@azpharmacy.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 AZRxReporting@appriss.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
3. DEA Number

If a confirmation is required, you may forward our email response to the AZCSPMP 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, followed by **.dat** or **.txt**. Chain pharmacies may use the chain name, followed by the date of submission. The filename is less important than the contents of the file.

FTP users should be certain to differentiate files by modifying the filename before the **.dat** or **.txt** extension. This will ensure that the contents of the file are not overwritten. FTP submissions with the same filename, submitted on the same day will overwrite the previously submitted file.

What does the file status 'Pending' mean?

Uploaded files will be processed overnight by a batch processor; therefore they will be in a "Pending" status until the following day. You will receive notification via the message center and email (valid email required) once the file has processed. You can update your email address through the "My Account" section of the website.

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 submit manually go to “Data Collection → Manual Entry.” Complete all required fields, check the authorization checkbox, and click “Save;” no further action is required.

I accidentally submitted incorrect information. Can I delete a record/entry?

Please login to your pharmacy’s account, and go to “Data Management → Prescription Maintenance.” Search for the prescription that needs to be deleted. Click on the prescription to be taken to the “Prescription Correction” page. Scroll to the bottom of the page, click on the authorization checkbox, and click the orange “Delete” button.

The ASAP 2011 v4.2 formatting allows for the following functions: ‘new, revise, or void.’ For those sending electronic files, please refer to DSP01 in the formatting table. Please contact your pharmacy software vendor to see if they are able to send the record as ‘void.’ This will overwrite the incorrect data within the system.

Why are there no menus displayed on the web page?

If you are using Internet Explorer, please make sure you are using version 7.0 or higher. To accomplish this go to “Help → About Internet Explorer.” If you are using a version older than 7.0 you may want to consider upgrading your browser.

If you are using a recent version, please make sure compatibility view is enabled. Compatibility view can be found in your “tools” menu.

Other Questions:

How do I setup an FTP account?

FTP account requests must be made via the registration page on www.AZRxReporting.com. You will need to register for an ‘Uploader’ account. While filling out the registration form, please make sure to select ‘Yes’ for the question “Will you upload using FTP method?”. You will receive login credentials at the email address indicated in your registration within 24-48 business hours.

Should a suffix be included in the Last Name Field?

No. The ASAP 2011 v4.2 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 Arizona Controlled Substances Prescription Monitoring Program.

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 zeros in the zip code field ‘00000’.

Assistance and Support

Appriss 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 Appriss. Pharmacies are advised to first contact their software vendor to obtain modifications and instructions on compliance and participation. Software vendors may also contact Appriss directly for assistance.

The Arizona State Board of Pharmacy 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: The Arizona State Board of Pharmacy 602-771-2744 or dwright@azpharmacy.gov.

Attachments

Attachment 1 Program Transmittal Form

File Name: _____

The file name should be the DEA number followed by .DAT (example: AB01123456.DAT)

Date: _____

Pharmacy/Dispenser Name: _____

DEA Number: _____

Number of Prescriptions in File: _____

Name of Person Submitting Report: _____

Phone Number: _____

Fax Number: _____

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

Attachment 2: Arizona Manual Entry Claim Form
Fax: 866-282-7076

Dispenser DEA #: _____

(This Dispenser information will be used for each RX record on this page)

Patient Details					
Last Name		First Name		Date of Birth	Gender
Street Address		City		State	Zip
Patient Phone Number		Species Code		Animal's Name	
_____ - _____ - _____		<input type="checkbox"/> Human <input type="checkbox"/> Veterinary			
Prescriber Details					
Prescriber DEA #		DEA Suffix (if applicable)	Last Name		First Name

Prescription Details					
Prescription #	Date Written	Total Refills Allowed	Date Filled	Current Refill #	Payment Method <input type="checkbox"/> Private Pay <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Commercial Ins <input type="checkbox"/> Military/VA <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Indian Nations <input type="checkbox"/> Other
NDC Code		Days' Supply	Qty	Dosage Units	
_____ - _____ - _____				<input type="checkbox"/> Each <input type="checkbox"/> Grams <input type="checkbox"/> Milliliters	
Drug Name					

Patient Details					
Last Name		First Name		Date of Birth	Gender
Street Address		City		State	Zip
Patient Phone Number		Species Code		Animal's Name	
_____ - _____ - _____		<input type="checkbox"/> Human <input type="checkbox"/> Veterinary			
Prescriber Details					
Prescriber DEA #		DEA Suffix (if applicable)	Last Name		First Name

Prescription Details					
Prescription #	Date Written	Total Refills Allowed	Date Filled	Current Refill #	Payment Method <input type="checkbox"/> Private Pay <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Commercial Ins <input type="checkbox"/> Military/VA <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Indian Nations <input type="checkbox"/> Other
NDC Code		Days' Supply	Qty	Dosage Units	
_____ - _____ - _____				<input type="checkbox"/> Each <input type="checkbox"/> Grams <input type="checkbox"/> Milliliters	
Drug Name					

