



Data Submission Guide for Veterinarians

South Carolina Prescription Monitoring Program

September 2026
Version 2.2

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I Document Overview

This document serves as a training guide and support manual for veterinarians of Schedule II through Schedule IV controlled substances in South Carolina who use Bamboo Health's PMP Clearinghouse repository to report their dispensations. It includes such topics as:

- Reporting requirements through Clearinghouse for dispensers in the State of South Carolina
- Patient monitoring requirements through PMP AWARe for Veterinarians in the State of South Carolina
- Data file submission guidelines and methods
- Creating a PMP Clearinghouse account
- Creating a data file
- Uploading or reporting data
- Understanding and correcting errors

This guide is intended for use by all veterinarians in the State of South Carolina required to report the dispensing of covered substances.

2 Data Collection, Tracking, & Monitoring

2.1 Data Collection Overview

This guide provides information regarding the South Carolina Prescription Monitoring Program (SC PMP) also known as the South Carolina Reporting & Identification Prescription Tracking System (SCRIPTS). SCRIPTS is South Carolina's solution for monitoring Schedule II, III and IV controlled substances dispensed in South Carolina.

South Carolina Legislature House Bill 3803 authorizes the South Carolina Department of Public Health (DPH) to establish and maintain a program to monitor the prescribing and dispensing of all Schedule II–IV controlled substances by professionals licensed to prescribe or dispense them in or into South Carolina. The purpose of this legislation is to improve the ability to identify and stop diversion of prescription drugs in an efficient and cost-effective manner that will not impede the appropriate medical utilization of licit controlled substances. *S.C. Code Ann. § 44-53-1640* requires dispensers to submit to DPH, by electronic means, information regarding each prescription dispensed for Schedule II–IV controlled substances. The data collected will be used in the prevention of diversion, abuse, and misuse of controlled substances through the provision of education, early intervention, and enforcement of existing laws that govern the use of controlled substances.

Information about controlled substance dispensing activities is reported daily to the state of South Carolina through the authorized data collection vendor. Pharmacies and other dispensers are required by law to provide such reporting to the data collection vendor in approved formats and frequencies. This includes mail order pharmacies that mail orders into the state.

2.2 Reporting Requirements

All dispensers of Schedule II, III, and IV controlled substance prescriptions are required to collect and report their dispensing information.

“Dispenser” means a person who delivers a Schedule II–IV controlled substance to the ultimate user, **but does not include:**

- a. A licensed hospital pharmacy that distributes controlled substances for the purpose of inpatient hospital care or dispenses prescriptions for controlled substances at the time of discharge from the hospital;
- b. A practitioner or other authorized person who administers these controlled substances; or
- c. A wholesale distributor of a Schedule II–IV controlled substance;

Note: The dispenser for your facility is the DEA number used to purchase the drugs. For example, if Dr. Smith uses his DEA number to purchase the drugs, the dispenser is Dr. Smith. If Friendly Paws Veterinarian Clinic uses its DEA number to purchase the drugs, the dispenser is Friendly Paws Veterinarian Clinic. Most clinics should only have ONE dispenser, although there are some exceptions. **Do not register multiple dispensers for your clinic if only 1 DEA number is purchasing all drugs used for your location.** A Prescriber writes the prescription after a medical record review or physical examination. If a different Veterinarian writes the prescription, they would be considered the Prescriber. If this Prescriber uses his DEA

to purchase drugs for the facility AND sees the patient, they should be reported to the PMP as the Prescriber AND the dispenser. All other veterinarians for the clinic are prescribers, not dispensers. If a practitioner within the practice dispenses using the clinic's stock and is not the owner of the drugs, they will need a power of attorney on file to use the medications kept within the facility. Please contact your local DPH agent if a Power of Attorney form is needed for your facility.

Each dispenser shall submit the required fields to the data repository **daily** for any day that you are open for business and operational. If you are closed for business, you do not have to report or zero report for that day.

In the event the dispenser is unable to report the information within the timeframe required as outlined in this section due to unforeseen circumstances, such as the system is not operational or there is some other temporary electrical or technological failure, this inability shall be documented in the dispenser's records. Once the electrical or technological failure has been resolved, the dispenser shall promptly report the information.

Note: *If a veterinarian writes a prescription to be filled at a pharmacy, that pharmacy is the dispenser and is responsible for reporting data to the SC PMP. If a veterinarian dispenses a controlled substance that leaves the facility with the animal/owner, the veterinarian is the dispenser and must report this dispensation to the SC PMP.*

Veterinarian dispensers of controlled substances are required to collect and report the following information to the data repository per South Carolina Code of Laws 44-16-1460:

- Dispenser's DEA number
- Date the drug was dispensed
- Prescription number
- Indication of whether the prescription was new or refill
- NDC code for drug dispensed (Refer to [Appendix E: Compound Drugs](#)). NDCs will always be 10-digit numbers and will be formatted in a 5-4-1, 5-3-2 or 4-4-2 format (e.g., 12345-1234-1). However, to establish a standardized format, reported NDCs must be "normalized" to a format of 5-4-2. To normalize an NDC number, add a leading zero to the section that is missing a digit (e.g., 1234-1234-01 would become 01234-1234-01 and 12345, 1234-1 would become 12345-1234-01)
- Quantity dispensed
- Approximate number of days supplied
- Animal's Name (will enter in both Animal Name field and First Name field)
- Owner's full address (address, city, state and zip code)
- Animal's Date of Birth
- Prescriber's DEA number
- Date the prescription was written

Note: *Additional fields are required by ASAP. For the complete list of all required fields, please refer to [Appendix A: ASAP 4.2B Specifications](#).*

A National Drug Code (NDC) number is a universal product identifier and is present on many nonprescription and all prescription medication packages. If the NDC number cannot be found on the medication/tablet package, please contact your distributor. NDCs will always be 10-digit numbers and will be formatted in a 5-4-1, 5-3-2 or 4-4-2 format (e.g., 12345-1234-1). However, to establish a standardized format, reported NDCs must be “normalized” to a format of 5-4-2. To normalize an NDC number, add a leading zero to the section that is missing a digit (e.g., 1234-1234-01 would become 01234-1234-01 and 12345, 1234-1 would become 12345-1234-01). The NDC number must be entered without dashes or spaces for it to be accepted. For more information on National Drug Codes, see <https://www.fda.gov/drugs/drug-approvals-and-databases/national-drug-code-directory>.

Note: All reporting is done through Clearinghouse. To set up a Clearinghouse account, please refer to the [Accessing Clearinghouse](#) section of this manual.

2.3 Monitoring Requirements

SC PMP monitoring requirements are done through PMP AWARxE and not Clearinghouse. Veterinarians are required to review a patient’s PMP report prior to writing any schedule II medication that is greater than a 5-day supply. In the event a veterinarian is unable to review the patient’s report, they may approve delegates to complete this task. Each veterinarian must have their own account, and each delegate must have their own account. Accounts are not to be shared between Veterinarians and delegates. When creating a delegate account, the delegate will be prompted to provide the supervising Prescriber’s email address. The Prescriber must then approve each delegate as having the authority to review patients on their behalf. If a delegate performs the query on the veterinarian’s behalf, the delegate must consult the veterinarian prior to a prescription being issued. This consultation must be documented in the patient’s chart.

If veterinarians are prescribing chronic schedule II medications to an established patient, it is required that the veterinarian review the animal’s PMP report at least once every 3 months. It is advised that this query be documented in the patient’s chart.

3 Accessing Clearinghouse

This chapter describes how to create your PMP Clearinghouse account and how to log in to the PMP Clearinghouse web portal.

3.1 Creating Your Account

Prior to submitting data, you must create an account. **If you are currently registered with the Bamboo Health PMP Clearinghouse system, you do not need to register for a new account—you will be able to add South Carolina to your existing account for data submissions.** If you have an existing PMP Clearinghouse account, please refer to [Adding PMPs to Your Upload Account](#) to add PMPs to your account.

Notes:

- PMP Clearinghouse allows users to submit data through the web portal via manual entry (UCF) or upload of ASAP files. For users who prefer an encrypted transfer method, SFTP access is also available. You may set up your SFTP account during the account creation process.
- If you need to make changes to an existing PMP Clearinghouse upload account, please refer to [Managing Your Upload Account](#).

Perform the following steps to create an account:

1. Open an internet browser window and navigate to the **PMP Clearinghouse Account Registration** page located at <https://pmpclearinghouse.net/registrations/new>.

The screenshot shows the 'Account Registration' form. It is divided into three main sections: Profile Details, Personal Information, and Employer Information. The 'Profile Details' section includes fields for Email Address, Password, and Password confirmation. The 'Personal Information' section includes fields for First name, Middle name, and Last name, along with checkboxes for DEA and NPI. The 'Employer Information' section includes a field for Name. A note at the bottom of the form states: 'Searching for DEA or NPI will autopopulate your information if found.'

Account Registration

Profile Details * Indicates Required Field

Email Address *

Password *

Password confirmation *

Personal Information

First name *

Middle name

Last name *

Searching for DEA or NPI will autopopulate your information if found.

DEA

NPI

Employer Information

Name *

2. Complete your **Profile Details**.

Profile Details * Indicates Required Field

Email Address *

Password * Password confirmation *

- a. Enter your current, valid email address in the **Email Address** field.

Note: The email address you provide here will act as your username when logging into the PMP Clearinghouse system.

- b. Enter a password for your account in the **Password** field, then re-enter it in the **Password Confirmation** field. The password requirements are provided below.

Passwords must contain:

- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.

3. Complete your Personal and Employer information, noting the following:
- Required fields are marked with an asterisk (*).
 - You may be able to auto-populate your Personal and/or Employer information by entering your (or your employer's) **DEA**, **NPI**, and/or **NCPDP** number, then clicking the search icon (). If the number you entered is found, your information will automatically be populated.

Personal Information

First name * Middle name Last name *

Searching for DEA or NPI will autopopulate your information if found.

DEA NPI

Employer Information

Name *

Address * Address (continued)

City * State * Postal Code *

Phone * Fax

Searching for DEA or NPI will autopopulate your information if found.

DEA NCPDP

4. If secure file transfer protocol (SFTP) is required, complete the **Data Submission** section of the page.

Notes:

- If SFTP access is not required, you do not need to complete the **Data Submission** section, and you may continue to step 5.
- You may add SFTP access to an existing account. Please refer to [Adding SFTP Access to an Upload Account](#) for complete instructions.

Data Submission

PMP Clearinghouse users are able to submit data through the web portal via manual entry or upload of ASAP files. Secure FTP (SFTP) access is available, and Real-Time submissions are also available in select states.

☐ Enable SFTP Access

☐ Enable Real-Time Access

- a. Click to select the **Enable SFTP Access** checkbox.

The **SFTP** access fields are displayed.

Data Submission

PMP Clearinghouse users are able to submit data through the web portal via manual entry or upload of ASAP files. Secure FTP (SFTP) access is available, and Real-Time submissions are also available in select states.

☒ Enable SFTP Access

SFTP Username

SFTP Password

SFTP Password Confirmation

Password must include at least 8 characters, including 1 capital letter, 1 lowercase letter, and 1 special character (such as !, @, #, \$)

☐ Enable Real-Time Access

- b. Your **SFTP Username** is automatically generated using the first five characters of your employer's name + your employer's phone number. For example, if you entered "Test" as your employer's name and "555-555-5555" as your employer's phone number, your SFTP username would be *test5555555555*.
- c. Enter a password for your SFTP account in the **SFTP Password** field, then re-enter it in the **SFTP Password Confirmation** field. The password requirements are provided below.

Passwords must contain:

- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.

This password will be input into the pharmacy software so that submissions can be automated.

Notes:

- This password can be the same as the one previously entered under Profile.
- Unlike the Profile password (i.e., your user account password), the SFTP password does not expire.
- The URL to connect via SFTP is <http://submissions.healthcarecoordination.net/>.
- Additional details on SFTP configuration can be found in [Appendix C: SFTP Configuration](#).

5. In the **Submission Destinations** section of the page, select the PMP(s) for which you will be submitting data.

Note: Selecting multiple PMPs to which to submit data **does not** enable interstate sharing.

6. Click **Submit**.

The request is submitted to the PMP administrator for each of the PMPs you selected for data submission, and the **Registration Information Overview** page is displayed.

Thank you for registering with PMP Clearinghouse, a service of PMP AWARxE.

A link to verify your email address has been sent. You must confirm your email address before you can login to PMP Clearinghouse. Your data submission request has been sent to your requested state(s) for processing. Upon approval, you may begin submitting prescription data.

Profile

Email Address: testuser@bamboohealth.com

Password: *****

DEA Number:

NPI Number:

Full Name:: Test User

Employer

Name: Bamboo Health

DEA Number:

NCPDP Number::

Address: 123 Main St Anywhere KY 40223

Phone: 5555555555

Fax:

Data Acceptance

SFTP Account: SFTP Access? No

Real-Time Account: Real-Time Access? No

Submission Destinations

☒ Demo State

Continue

7. Click **Continue**.

The **PMP Clearinghouse Login** page is displayed. However, you will not be able to log in until your account has been approved. Once your account is approved, you will receive a welcome email instructing you to confirm your account. Follow the instructions in the email to confirm your account and begin submitting data to PMP AWARxE.

3.2 Logging In to PMP Clearinghouse

1. Open an internet browser window and navigate to the **PMP Clearinghouse Login** page located at https://pmpclearinghouse.net/users/sign_in.

2. Enter the email address you used to create your account in the **Email Address** field.
3. Enter your password in the **Password** field.

Note: If you have forgotten your password, have completed your registration but did not receive the account confirmation email, or your account has been locked and you did not receive the email with instructions for unlocking your account, please refer to the links in the Help section of the page. For detailed instructions on resetting your password, refer to [Resetting Your Password](#).

4. Click **Login**.

The **PMP Clearinghouse** home page is displayed.

4 Data Submission

This chapter provides information and instructions for submitting data to the PMP Clearinghouse repository.

4.1 Timeline and Requirements

- Pharmacies and software vendors can establish submission accounts and begin submitting data upon receipt of this guide. See [Creating Your Account](#) for more information.
- As of November 20, 2015, dispensers are required to transmit their data using PMP Clearinghouse in accordance with the guidelines outlined under [Reporting Requirements](#).

4.2 Upload Specifications

Files should be in the ASAP 4.2B format, which was released in September 2011, as defined in [Appendix A: ASAP 4.2B Specifications](#). Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of “.dat”. An example file name would be “20220415.dat”. All of your upload files will be kept separate from the files of others.

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

Prescription information must be reported daily for the preceding 24 hours. This includes zero reporting if there has been no dispensing.

5 Data Delivery Methods

This chapter provides information about data delivery methods you can use to upload your controlled substance reporting data file(s) to PMP Clearinghouse.

For quick reference, you may click the desired hyperlink in the following table to view the step-by-step instructions for your chosen data delivery method:

Delivery Method	Page
Secure FTP	12
Web Portal Upload	12
Manual Entry (UCF)	14
Zero Reports	17

5.1 Secure FTP

If you are submitting data to PMP Clearinghouse using SFTP, you must configure individual subfolders for the PMP systems to which you are submitting data. These subfolders must be created in the *homedir/directory* folder, which is where you are directed once authenticated, and **should be named using the PMP abbreviation (e.g., DC, GU, SC, KS, MS, PR etc.)**. Data files not submitted to a state subfolder will be required to have a manual PMP assignment made on the [File Listings](#) page. Please refer to [PMP Subfolders](#) for additional details on this process.

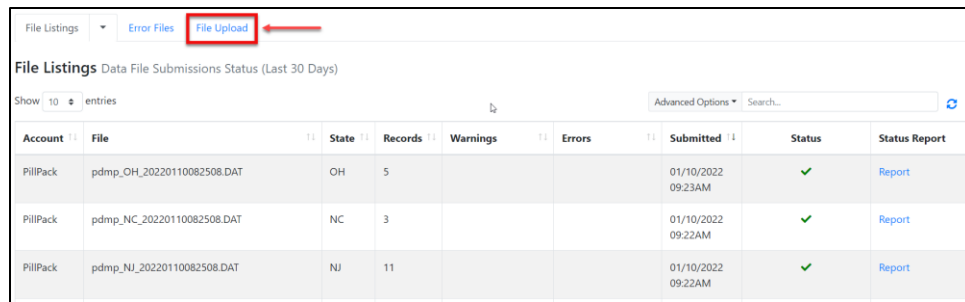
1. If you do not have a PMP Clearinghouse account, perform the steps in [Creating Your Account](#).
- Or**
2. If you have a PMP Clearinghouse account but have not enabled SFTP access, perform the steps in [Adding SFTP Access to an Upload Account](#).
3. Prepare the data file(s) for submission, using the ASAP specifications described in [Appendix A: ASAP 4.2B Specifications](#).
4. SFTP the file to <http://submissions.healthcarecoordination.net/>.
5. When prompted, enter the username and password you created when setting up the SFTP account.
6. Place the file in the appropriate PMP-abbreviated directory.
7. You can view the results of the transfer/upload on the Submissions page in PMP Clearinghouse.

Note: If you place the data file in the root directory and not a PDMP sub-folder, a  symbol with a mouse over hint of “**Determine PMP**” is displayed on the **File Status** page, and you will be prompted to select a destination PMP to which the data should be sent.

5.2 Web Portal Upload

1. If you do not have an account, perform the steps in [Creating Your Account](#).
2. Prepare the data file(s) for submission, using the ASAP specifications described in [Appendix A: ASAP 4.2B Specifications](#).
3. [Log in to PMP Clearinghouse](#).

4. From the home page, click the **File Upload** tab.



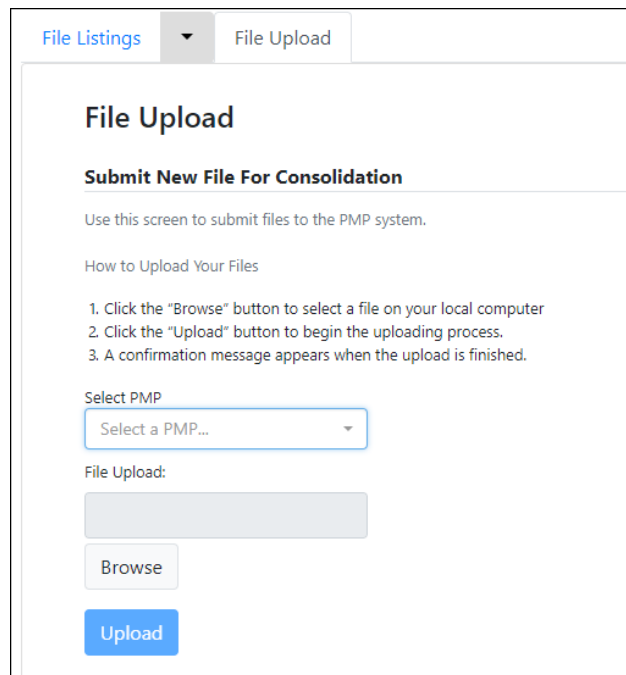
File Listings ▾ Error Files **File Upload**

File Listings Data File Submissions Status (Last 30 Days)

Show 10 entries

Account	File	State	Records	Warnings	Errors	Submitted	Status	Status Report
PillPack	pdmp_OH_20220110082508.DAT	OH	5			01/10/2022 09:23AM	✓	Report
PillPack	pdmp_NC_20220110082508.DAT	NC	3			01/10/2022 09:22AM	✓	Report
PillPack	pdmp_NJ_20220110082508.DAT	NJ	11			01/10/2022 09:22AM	✓	Report

The **File Upload** page is displayed.



File Listings ▾ **File Upload**

File Upload

Submit New File For Consolidation

Use this screen to submit files to the PMP system.

How to Upload Your Files

1. Click the "Browse" button to select a file on your local computer
2. Click the "Upload" button to begin the uploading process.
3. A confirmation message appears when the upload is finished.

Select PMP

Select a PMP...

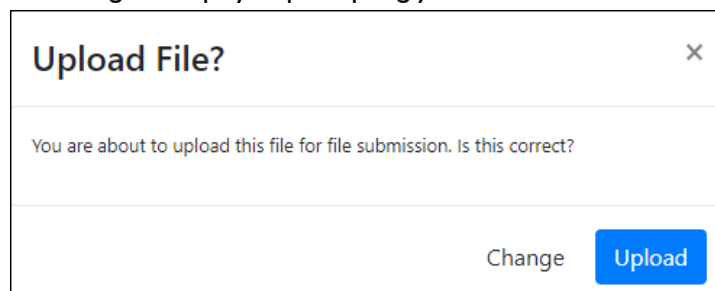
File Upload:

Browse

Upload

5. Select the PMP to which you are submitting the file from the drop-down list in the **Select PMP** field.
6. Click the **Browse** button, located next to the **File Upload** field, and select the file you created in step 2.
7. Click **Upload**.

A message is displayed prompting you to confirm the submission.



Upload File?

You are about to upload this file for file submission. Is this correct?

Change **Upload**

8. Click **Upload** to continue with the file submission.
- Your file is uploaded, and you can view the results of the upload on the **File Listings** page.

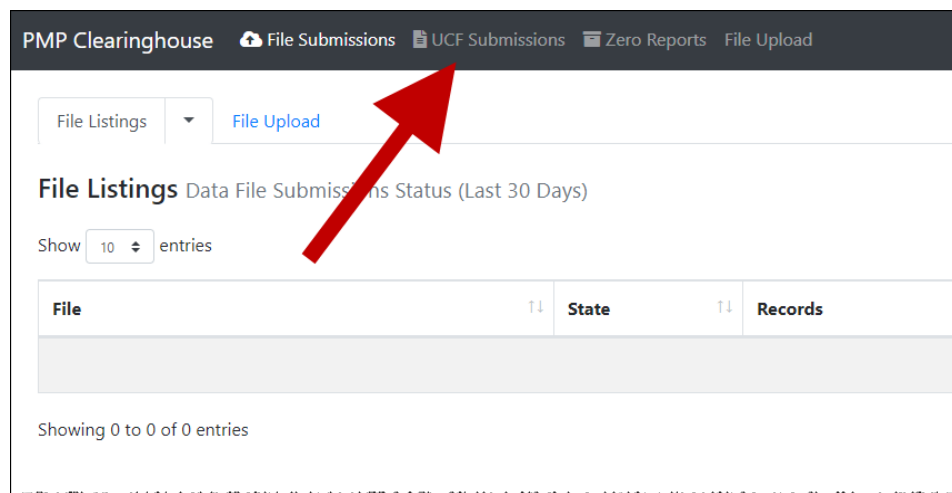
Note: When uploading a file, the file name must be unique. If the file name is not unique, a message is displayed indicating that the file name has already been taken.

5.3 Manual Entry (UCF)

You can manually enter your prescription information into the PMP Clearinghouse system using the Universal Claim Form (UCF) within the PMP Clearinghouse web portal. This form allows you to enter patient, prescriber, dispenser, and prescription information.

Please refer to [Reporting Requirements](#) for the complete list of reporting requirements.

1. If you do not have an account, perform the steps in [Creating Your Account](#).
2. [Log in to PMP Clearinghouse](#).
3. Click **UCF Submissions**.



The **UCF Listings** page is displayed.

UCF Listings						
Show 10 entries						
Created at	State	Warnings	Errors	Status		
01/15/2019 02:13 PM	KS	0	0	✓		
01/17/2019 07:38 PM	KS	0	0	✓		
01/28/2019 03:51 PM	CR	0	0	✓		
01/28/2019 04:04 PM	CR	0	0	✓		
01/28/2019 04:07 PM	CR	0	0	✓		
01/28/2019 04:11 PM	CR	0	0	✓		

4. Click the **New Claim Form** tab, located at the top of the page.

The **Create Universal Claim Form** page is displayed.

5. Select the PMP to which you are submitting data from the dropdown list in the **Select PMP** field.
6. For animal submission, click the Patient Animal box.
7. Complete the required fields.

Notes:

- To report a dispensation for an animal, click the animal icon. The animal's first name goes into **both the first name field and the animal's name field**. This will ensure that PMP reporting goes underneath the animal and not the owner.
- An asterisk (*) indicates a required field.
- **If you are entering a compound**, click the **Compound** checkbox in the Drug Information section of the page, complete the required fields for the first drug ingredient, then click **Add New** to add additional drug ingredients.

8. Once you have completed all required fields, click **Save**.
The **Submit Now** button is displayed at the top of the page.

Edit Universal Claim Form

You may submit this form at any time.

This claim form is not completely processed until submitted. Please review and edit the form, or click "Submit Now" to process the form.

Submit Now

Form has been successfully created. X

9. Click **Submit Now** to continue with the data submission process.
A message is displayed prompting you to confirm the data submission.

pmpclearinghouse.net says

Are you sure you are ready to submit?

OK Cancel

10. Click **OK**.

Your data will be validated upon submission. If there are any errors on the UCF form, they are displayed at the top of the page.

Edit Universal Claim Form

You may submit this form at any time.

This claim form is not completely processed until submitted. Please review and edit the form, or click "Submit Now" to process the form.

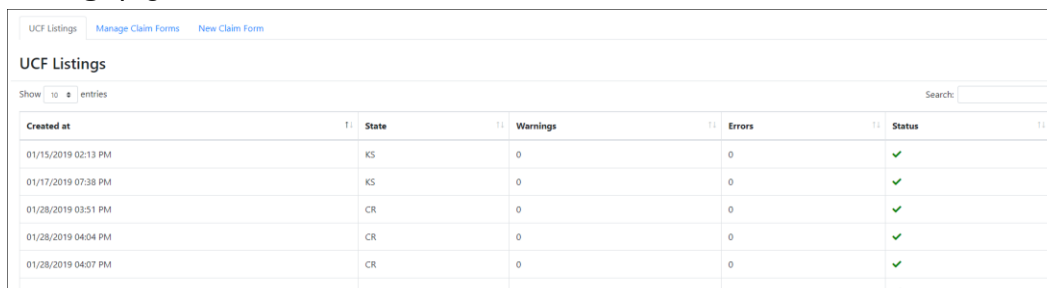
Submit Now

Form has errors and was unable to be submitted. X

- o Drug Segment is invalid
- o Patient last name can't be blank
- o Patient first name can't be blank
- o Date of Birth can't be blank
- o Pharmacy name can't be blank
- o Pharmacy address can't be blank
- o Pharmacy city can't be blank
- o Pharmacy state can't be blank
- o Prescriber last name can't be blank
- o Prescriber first name can't be blank
- o Pharmacy zip code can't be blank
- o Claim fill number can't be blank
- o Claim fill number is not a number
- o Date written can't be blank
- o Date filled can't be blank
- o Claim days supply can't be blank
- o Claim days supply is not a number
- o Claim authorized refill count can't be blank

Note: If there are no errors, you are returned to the **Submitted Claim Forms** page, and your report is listed there. ****Errors can only be edited 30 days after submission. Please make sure all data is accurate prior to submitting.**

11. Correct the indicated errors, then repeat steps 7–9.
12. Once your data has been successfully submitted, your report is listed on the **UCF Listings** page.



Created at	State	Warnings	Errors	Status
01/15/2019 02:13 PM	KS	0	0	✓
01/17/2019 07:38 PM	KS	0	0	✓
01/28/2019 03:51 PM	CR	0	0	✓
01/28/2019 04:04 PM	CR	0	0	✓
01/28/2019 04:07 PM	CR	0	0	✓
01/28/2019 04:11 PM	CR	0	0	✓

5.4 Zero Reports

If you have no dispensations to report for the preceding reporting period, you must report this information to the SC PMP.

You may submit your zero report through the PMP Clearinghouse web portal by following the steps below or via SFTP using the ASAP Standard for Zero Reports. For additional details on submitting via SFTP, please refer to [Appendix B: ASAP Zero Report Specifications](#).

You may submit zero reports through the PMP Clearinghouse web portal using one of the following methods:

- [Submit a single-click zero report](#)
- [Create a new zero report](#)

Note: If you have a single controlled substance registration and have multiple people reporting data submissions into SC PMP, all parties will need to communicate prior to zero reporting. Zero reporting will only apply if all parties do not have any data submissions for the day. **If all parties do not have data submissions for that day, only one person will need to zero report for the facility.**

5.4.1 Submit a Single-Click Zero Report

Single-click zero reporting allows you to create a profile for the facility that includes its identifiers (e.g., DEA, NPI, NCPDP), so you do not have to enter it each time you submit a zero report. You will follow the prompts to **Add a New Pharmacy** and enter your dispenser's information into these fields.

****Note:** The dispenser is the person or facility's DEA who purchases the drugs from the wholesaler. For example, if a veterinarian's DEA is used to purchase the drugs from the wholesaler, the pharmacy name provided will be the veterinarian's name. If the facility has its own DEA number used to purchase the drugs from the wholesaler, the pharmacy name will be the facility name.

To create a pharmacy profile and begin submitting single-click zero reports:

1. If you do not have an account, perform the steps in [Creating Your Account](#).

2. [Log in to PMP Clearinghouse.](#)
3. Click **Zero Reports.**

[PMP Clearinghouse](#)
[File Submissions](#)
[UCF Submissions](#)
[Zero Reports](#)
[File Upload](#)

[File Listings](#)
[File Upload](#)

File Listings Data File Submissions Status (Last 30 days)

Show entries

File	State	Records
Showing 0 to 0 of 0 entries		

The **Zero Report Listings** page is displayed.

Zero Reports Listings	Create Zero Report
---------------------------------------	------------------------------------

Zero Reports Listings

Show entries

Advanced Options ▾ Search...

Account	State	Start Date	End Date	NCPDP	DEA	NPI	ASAP File	Date Submitted
BALCOG PHARMACY-PAINTS	AL	01/16/2020	01/16/2020	01-100000	ELENA TRUJILLO	10778716030		01/16/2020 5:13 PM
Hillcrest Pharmacy Systems	AL	01/16/2020	01/16/2020	0000000000		0000000000	file:///C:/Users/Administrator/Desktop/Jan%2020%20ZSR_Rep	01/16/2020 5:04 PM

4. Click the **Create Zero Report** tab.

The **Create Zero Report** page is displayed.

Note: Submit a Single Click Zero Report is selected by default.

Zero Reports Listings

Create Zero Report

Create Zero Report

☒ Submit a Single Click Zero Report

☐ Create new Zero Report

Create Single Click Zero Report

Below are the pharmacies you have configured for single-click reporting. Setting up pharmacies here will allow you to create a profile for the pharmacy that includes its identifiers (e.g. DEA, NPI, NCPDP) so you don't have to enter it each time you submit a zero report.

NOTE: The time frame for "Today" or "Yesterday" is 00:00-23:59:59 and based upon the time zone set for your account profile at the time of submission.

Add New Pharmacy

Pharmacy	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:
Demo					

- Any facilities that you have already configured for single-click zero reporting are displayed at the bottom of the page. Continue to [step 10](#) to submit a zero report for those facilities.
 - If you have not configured your facility for single-click zero reporting, continue to [step 5](#).
5. Click **Add New Pharmacy** (even if you are a dispensing Prescriber). The **New Pharmacy** page is displayed.

Zero Reports Listings | Create Zero Report

New Pharmacy

PMP *

Pharmacy *

NCPDP

DEA Number

NPI

Save Cancel

6. Select the PMP for which you are submitting a zero report from the drop-down list in the **PMP** field.
7. Enter the dispenser's (facility or veterinarian) name in the **Pharmacy** field.
8. Populate the **NCPDP**, **DEA Number**, and/or **NPI** fields as required by the PMP you selected in step 6. If any of these fields are required, a red asterisk (*) will be displayed next to that field once you have selected a PMP.
9. Click **Save**.

The facility is saved and will be listed under the drop-down for the selected PMP, which is located at the bottom of the page.

Create Zero Report

Submit a Single Click Zero Report
Create new Zero Report

Create Single Click Zero Report
Below are the pharmacies you have configured for single-click reporting. Setting up pharmacies here will allow you to create a profile for the pharmacy that includes its identifiers (e.g. DEA, NPI, NCPDP) so you don't have to enter it each time you submit a zero report.

NOTE: The time frame for "Today" or "Yesterday" is 00:00-23:59:59 and based upon the time zone set for your account profile at the time of submission.

Add New Pharmacy

Pharmacy	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:
+ Demo					
+ Vermont					

Pharmacies configured for single-click zero reporting are listed here

10. Click the plus sign ("+") next to the PMP for which you wish to submit a zero report.

The list of facilities you have configured for single-click zero reporting for that PMP is displayed.

Note: This page allows you to submit a zero report for the current date (**Today**) or the previous day (**Yesterday**).

Pharmacy	License Number	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:
+ Demo						
Another Test Pharmacy					Edit Delete	Today 12/22/2021 Yesterday 12/21/2021
Bamboo Health Test Pharmacy					Edit Delete	Today 12/22/2021 Yesterday 12/21/2021

11. Click **Today** to submit a zero report for the current date;

Or

- Click **Yesterday** to submit a zero report for the previous date.

Once the report is submitted, the submission is indicated on the screen, and the zero report is displayed on the **Zero Report Listings** tab.

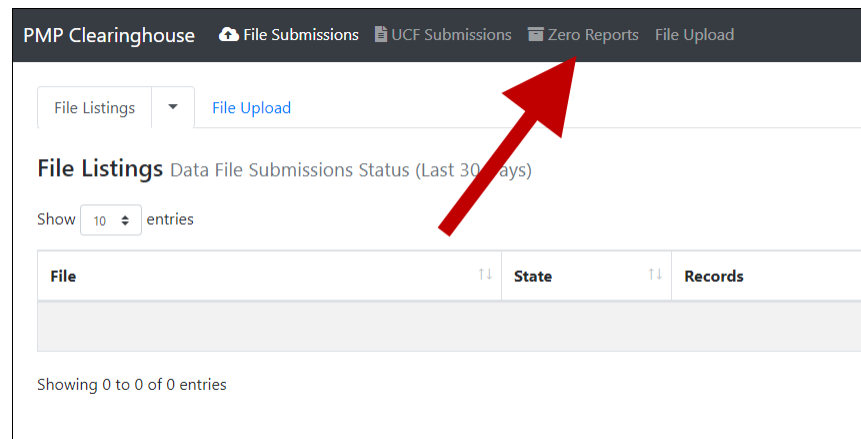
Pharmacy	License Number	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:	
Demo							
Another Test Pharmacy	1111111111				Edit Delete	Today 12/22/2021	Yesterday 12/21/2021
Bamboo Health Test Pharmacy	1111111111				Edit Delete	Submitted	Yesterday 12/21/2021

Note: You may edit or delete a facility from this page.

- To edit a facility, click **Edit** to display the Edit Pharmacy page and make any necessary changes. Refer to steps 6–9 for guidance on entering facility information.
- To delete a facility, click **Delete**. You will be prompted to confirm the deletion. Once you confirm the deletion, the facility configuration will be removed.

5.4.2 Create a New Zero Report

- If you do not have an account, perform the steps in [Creating Your Account](#).
- [Log in to PMP Clearinghouse](#).
- Click **Zero Reports**.



The **Zero Report Listings** page is displayed.

Zero Reports Listings

Create Zero Report

Zero Reports Listings

Show 25 entries

Advanced Options Search...

Account	State	Start Date	End Date	NCPDP	DEA	NPI	ASAP File	Date Submitted
Another Test Pharmacy	AL	01/16/2020	01/16/2020	1111111111	1111111111	1111111111		01/16/2020 5:13 PM
Bamboo Health Test Pharmacy	AL	01/16/2020	01/16/2020	1111111111	1111111111	1111111111	https://pmpclearinghouse.com/zero-reports/1111111111/Zero-001	01/16/2020 5:04 PM

- Click the **Create Zero Report** tab.

The **Create Zero Report** page is displayed.

Note: *Submit a Single Click Zero Report* is selected by default.

Zero Reports Listings Create Zero Report

Create Zero Report

☒ Submit a Single Click Zero Report
☐ Create new Zero Report

Create Single Click Zero Report
Below are the pharmacies you have configured for single-click reporting. Setting up pharmacies here will allow you to create a profile for the pharmacy that includes its identifiers (e.g. DEA, NPI, NCPDP) so you don't have to enter it each time you submit a zero report.

NOTE: The time frame for "Today" or "Yesterday" is 00:00-23:59:59 and based upon the time zone set for your account profile at the time of submission.

[Add New Pharmacy](#)

Pharmacy	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:
+	Demo				

5. Click the button to select **Create Zero Report**.
The **Create Zero Report** page is displayed.

Zero Reports Listings Create Zero Report

Create Zero Report

☐ Submit a Single Click Zero Report
☒ Create new Zero Report

PMP * NCPDP

Start date * DEA Number

End date * NPI

[Submit](#)

6. Select the PMP for which you are submitting a zero report from the drop-down list in the **PMP** field.
7. Enter the start date and end date for the zero report in the **Start date** and **End date** fields using the **MM/DD/YYYY** format. You may also select the dates from the calendar that is displayed when you click in these fields.

« February 2019 »

Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	1	2
3	4	5	6	7	8	9

8. Enter your NCPDP, DEA, and/or NPI numbers, if required by your PMP.

Note: *If any of these fields are required by your PMP, they will be marked with a red asterisk (*).*

9. Click **Submit**.

Your zero report is submitted to PMP Clearinghouse and will be displayed on the **Zero Report Listings** tab.

6 Data Compliance

This chapter describes how to view the status of your submitted data files and how to correct errors.

6.1 File Listings

The **File Listings** page displays information extracted from the data files submitted to PMP Clearinghouse, including the file name, number of records identified within the data file, number of records that contain warnings, number of records that contain errors, and the date and time of submission. The **File Listings** page is displayed upon logging in to Clearinghouse; you may also click **File Submissions** from the menu at any time to access this page.

You may sort the **File Listings** page by account name, file name, PMP, number of records, warning count, error count, and date submitted. You may also click the account name to display the account details.

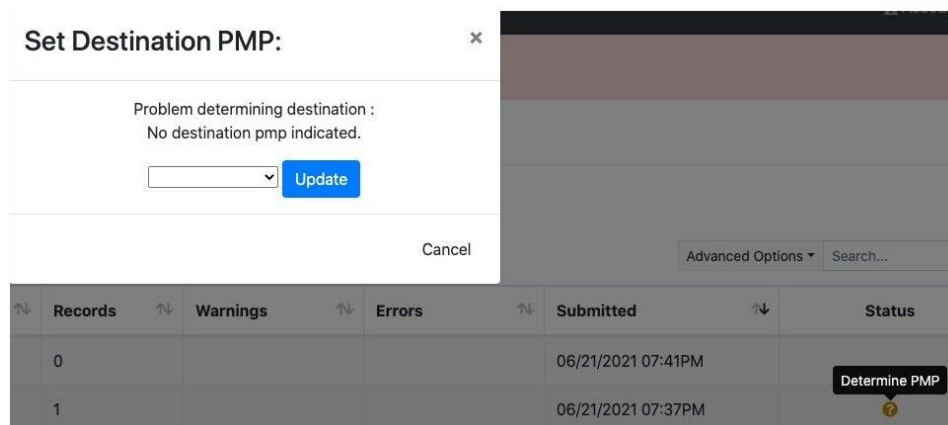
File Listings ▼ Error Files File Upload									
File Listings Data File Submissions Status (Last 30 Days)									
Show 10 entries		Advanced Options ▼		Search...					
Account	File	State	Records	Warnings	Errors	Submitted	Status	Status Report	
DEMO ACCT	AA555555_20211130.dat	DO	2		1	11/30/2021 02:21PM		Report	
DEMO ACCT	ZZ555555_20211130.DAT	DO	2			11/30/2021 02:01PM		Report	
DEMO ACCT	ZZ555555_20211123.DAT	DO	2			11/23/2021 03:13PM		Report	
DEMO ACCT	AA555555_20211123.dat	DO	2			11/23/2021 02:29PM	(test file)	Report	
DEMO ACCT	Bad_File_2.dat	DO	0			11/23/2021 02:27PM		-	
DEMO ACCT	Bad_File.dat	DO	0			11/23/2021 02:26PM		-	

- The **Status** column, located at the end of each row, displays the file status via color-coded icon. Hovering over the icon will display the status message.
- The **Status Report** column, located next to the **Status** column, contains a link to the status report for that file. Please refer to [File Status Report](#) for more information on how to read and interpret this report.

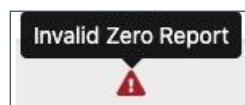
If a file contains errors, it will have a symbol with a mouse over hint of “**Pending Dispensation Error**” within the status column. You can click the error icon in the **Status** column to display the **Error Correction** page, which allows you to view the records containing errors (see [View Records](#) for more information). Please refer to [Error Correction](#) for instructions on how to correct errors.

If a file is unable to be parsed into the PMP Clearinghouse application, it will have an symbol with a mouse over hint of “**ASAP Errors**.” Clicking the icon will display the detailed error, which indicates what element was missing or malformed. To correct these errors, a new file must be submitted to PMP Clearinghouse. It is not necessary to void a file that failed parsing since it was not successfully submitted to PMP Clearinghouse.

If you submitted a file via SFTP without using a PMP-specific sub-folder, the file will be displayed, and  symbol will be displayed in the status column with a mouse over hint of **“Determine PMP.”** Clicking the icon will prompt you to select a destination PMP to which the data file will be transferred.



If you submitted a zero report via file upload or SFTP that is malformed or missing information, the file will be displayed, and an exclamation mark icon inside a red triangle will be displayed in the status column. Hovering over the icon will display the “Invalid Zero Report” error. Clicking on the icon will display the detailed error message. To correct these errors, a new zero report must be submitted. Error example:



6.2 UCF Listings

The **UCF Listings** page displays information about the UCFs submitted to PMP Clearinghouse, including the number of warnings and errors. Click **UCF Submissions** to access this page.

You may sort the **UCF Listings** page date created, PMP, warning count, error count, and status.

UCF Listings

Manage Claim Forms

New Claim Form

UCF Listings

Show

10

entries

Search:

Created at	State	Warnings	Errors	Status
01/28/2019 03:51 PM	CR	0	0	✓
01/28/2019 04:04 PM	CR	0	0	✓
01/28/2019 04:07 PM	CR	0	0	✓
01/28/2019 04:11 PM	CR	0	0	✓

Showing 1 to 4 of 4 entries

Previous

1

Next

The **Status** column, located at the end of each row, displays the UCF’s status. Data entered into the UCF is validated upon submission; therefore, successfully submitted UCFs should not contain errors. However, if you have attempted to submit a UCF with

errors and did not immediately correct those errors and submit the record, you have up to one (1) year to make updates to these records in Clearinghouse.

1. To view pending or incomplete submissions, click the **Manage Claim Forms** tab on the **UCF Listings** page.

UCF Listings

Manage Claim Forms New Claim Form

UCF Listings

Show 10 entries

Created at	State	Warnings	Errors	Status
01/28/2019 03:51 PM	CR	0	0	✓
01/28/2019 04:04 PM	CR	0	0	✓
01/28/2019 04:07 PM	CR	0	0	✓
01/28/2019 04:11 PM	CR	0	0	✓

Showing 1 to 4 of 4 entries

Previous 1 Next

The **Pending Claim Forms** page is displayed.

UCF Listings Manage Claim Forms New Claim Form

Pending Claim Forms - SMITHERMANS PHARMACY UCF FORMS (LAST 30 DAYS)

View Submitted Forms

Show 10 entries

Created At	Created By	Last Updated By	State	
06/10/2019 5:51 PM	rweaver@appriss.com	rweaver@appriss.com	AK	Edit Delete

Showing 1 to 1 of 1 entries

Previous 1 Next

2. Click **Edit** next to the form you wish to update.

Note: If you are submitting a UCF submission, it is critical that you check your error tab frequently due to the short time frame for corrections. If it has been longer than one (1) year, the **Edit** option will no longer be available. You must click **Delete** to delete the record and start over.

The **Edit Universal Claim Form** page is displayed.

Edit Universal Claim Form

You may submit this form at any time.

This claim form is not completely processed until submitted. Please review and edit the form, or click "Submit Now" to process the form.

Submit Now

PMP * Indicates Required Field

Pmp *

Kansas

Patient

☐ Patient Animal

First Name * Last Name *

3. Make the necessary corrections or changes, and then click **Submit Now**, located at the top of the page.

A message is displayed prompting you to confirm the data submission.

pmpclearinghouse.net says

Are you sure you are ready to submit?

OK

Cancel

- Click **OK**.

Your data will be validated upon submission. If there are any remaining errors on the UCF form, they are displayed at the top of the page.

Edit Universal Claim Form

You may submit this form at any time.

This claim form is not completely processed until submitted. Please review and edit the form, or click "Submit Now" to process the form.

Submit Now

Form has errors and was unable to be submitted.

- Drug Segment is invalid
- Date of Birth can't be blank

Note: If there are no errors, you are returned to the **UCF Listings** page, and your report is listed there.

- Correct the indicated errors, then repeat steps 3-4.
- Once your data has been successfully submitted, your report is listed on the **UCF Listings** page.

6.3 Error Correction

6.3.1 View Records with Errors

The **Error Correction** page displays more information about the records within a selected data file that need correcting, including **Prescription Number**, **Segment Type**, **Warning Count**, and **Error Count**. To access this page, click the "**Pending Dispensation Error**" message in the **Status** column of the [File Listings](#) page.

File Listings

File Upload

Error Correction

Manage And Resolve Submission Issues

Show

10

entries

Search:

DEA Number	NCPDP Identifier	Prescription Number	Name	Filled At	Segment Type	Warning Count	Error Count	Action
		2104AB	RED CROSS	2021-01-10	Dispensation	0	2	Correct Void
		2104AB	RED CROSS	2021-01-10	Patient	0	1	Correct Void

Showing 1 to 2 of 2 entries

Previous

1

Next

The **Correct** button, located at the end of each row, allows you to make corrections to the record.

6.3.2 Error Correction via PMP Clearinghouse

Once you click **Correct** on the **Error Correction** page, the **Errors** page is displayed. This page displays detailed information about the records within a selected data file that need correcting, including all the fields contained within the record and the originally submitted value, and allows you to correct those records.

File Listings File Errors Dispensary Errors			
Dispensary Errors Manage And Resolve Submission Issues Prescription Number: 0100755 DEA Number: BE9432042 NCPDP Identifier: 0068568 Filled At: 2019-02-13			
Field	Submitted Value	Corrected Value	Messages
National provider identifier	1104923507	1104923507	✓
NCPDP Identifier	0068568	0068568	✓
DEA number	BE9432042	BE9432042	Warnings: DEA number warning: DEA number not found in registry. ✓
Name			Errors: Name value must be present.
Phone number	4017704455	4017704455	✓

- The **Corrected Value** column allows you to enter a new value to correct the error.
- The **Messages** column displays the relevant error message explaining why the value entered in that field did not pass the validation rules.

For files that failed to parse, the error identified is "best effort" and any information we could not parse is listed as "unparseable" in the file. In this case, you must submit a corrected file.

To correct records:

1. Identify the fields that require corrections. Fields containing errors are highlighted in **red**, as shown in the screenshot above.
2. Enter the corrected value in the **Corrected Value** column.
3. Click **Submit**.
The error is processed through the validation rules.
 - a. If the changes pass the validation rules, the record is valid, and a message is displayed indicating that the errors have been corrected. The [File Listings](#) and [Error Correction](#) pages are also updated.
 - b. If the changes fail the validation rules, a message is displayed indicating that there was a problem correcting the errors, and the **Message** column is updated with any new error message. Repeat steps 2–3 until the errors have been corrected and the file can be successfully submitted.

6.3.3 Error Correction via File Submission

The ASAP 4.2B standard requires a pharmacy to select an indicator in the **DSP01** (Reporting Status) field. These indicators allow you to submit new records, revise and resubmit records, and void (delete) erroneous records.

These actions are indicated by supplying one of the following values in the **DSP01** field:

- **00 New Record** – indicates a new record
- **01 Revise** – indicates that one or more data elements in a previously-submitted record have been revised

To revise a record:

- a. Create a record with the value **“01”** in the **DSP01** field.
- b. Populate the following fields with the same information originally submitted in the record that is being revised.
 - **PHA03** (DEA Number)
 - **DSP02** (Prescription Number)
 - **DSP05** (Date Filled)
 - **DSP06** (Refill Number)
 - **DSP09** (Quantity Filled)
- c. Fill in all other data fields with the correct information. This information will override the original data linked to the fields referenced in step 2.
- d. Submit the record.

Important Note: When submitting revisions for the Prescription Number (DSP02), Pharmacy DEA (PHA03), Date Filled (DSP05), Quantity Filled (DSP09), and/or Refill Number (DSP06), a **Void Submission (02)** on the original record should be processed before re-submitting a **New Record (00)**. Submitting **Revise (01)** for one of these five fields will process as a new prescription and both submissions will appear. All other field revisions may be processed as 01.

- **02 Void** – indicates that the original record should be removed

To void a record:

- a. Create a record with the value **“02”** in the **DSP01** field.
- b. Fill in all other data identical to the original record.
- c. Submit the record. This will void the original record.

7 Email Reports

Email status reports are automatically sent to all users associated with a specific data submitter account. These reports are used to identify errors in files that have been submitted and to confirm zero report submissions. This chapter describes the status reports you may receive via email.

7.1 File Failed Report

You will receive the *File Failed Report* if a submitted file was not able to be parsed and was not processed into PMP Clearinghouse. The report contains a description of the error encountered within the file. In the event of a failed file, a new file should be submitted with the necessary corrections.

Note: Failed files are not parsed into Clearinghouse and do not require a voided ASAP file to remove it from the system.

An example *File Failed Report* is provided below.

SUBJ: South Carolina ASAP file: fake-test3.txt - Parse Failure

BODY:

Error Message

Failed to decode the value '04' for the bean id 'transactionControlType'.

Summary:

- * File Name: fake-test3.txt
- * ASAP Version: 4.2B
- * Transaction Control Number: unparseable
- * Transaction Control Type: unparseable
- * Date of Submission: April 30, 2022

NOTE: This file could not be received into the system because the system could not recognize its content as a valid ASAP format. Action is required to resolve the issues and a subsequent file should be submitted. As such the information provided in this report is "best effort" and any information we could not parse is listed as "unparseable" in the fields above.

7.2 File Status Report

The *File Status Report* serves as notification that a data file is currently being parsed by the PMP system.

This report identifies specific records in the submitted data file and returns identifying information about the record, including specific errors identified during the validation process. It uses fixed-width columns and contains a summary section after the error listings. Each column contains a blank two-digit pad at the end of the data.

The columns are set to the following lengths:

Column	Length
DEA	11 (9 + pad)
NCPDP	9 (7 + pad)
NPI	12 (10 + pad)
Prescription	27 (25 + pad)
Filled	10 (8 + pad)
Segment	18 (16 + pad)
Field	18 (16 + pad)
Type	9 (7 + pad)
Message	Arbitrary

The *File Status Report* notifies you of the following scenarios:

- **Total records:** The total number of records contained in the submitted data file.
- **Duplicate records:** The number of records that were identified as already existing within the PMP system. Duplicate records are not imported to prevent improper patient information.
- **Records in process:** The number of records remaining to be processed into the system (usually only displays a number if the file has not finished loading at the time the report is sent out).

Note: Records remaining to be processed will continue to be processed even after the status report is sent.

- **Records with errors:** The number of records that contain errors. These errors must be corrected for the record to be imported into the system. If a zero (0) is displayed, there are no errors in the data. Please refer to [Error Correction](#) for instructions on correcting errors.
- **Records with warnings:** The number of records that contain warnings. These warnings do not need to be corrected for the record to be imported into the system. If a zero (0) is displayed, there are no warnings in the data.
- **Records imported with warnings:** The number of records with warnings that were imported. If a record contains both warnings and errors, the errors must be corrected to be submitted to the system. Please refer to [Error Correction](#) for instructions on correcting errors.
- **Records imported without warnings:** The number of records without warnings that were imported.

Note: The initial *File Status Report* is sent out two (2) hours after the file has been submitted to the system. Additional reports will be sent out every 24 hours if errors continue to be identified within a submitted data file.

An example *File Status Report* is provided on the following page.

SUBJ: South Carolina ASAP file: fake-test3.txt - Status Report

BODY:

DEA	NCPDP	NPI	Prescription	Filled	Segment	Field Type	Message
BE1234567	1347347	9034618394	123486379596-0	20220429	Dispensation	refill_number	WARNING message example
DE9841394	3491849	4851947597	357199504833-345	20220429	Dispensation	days_supply	ERROR message example

Summary:

- * File Name: fake-test3.txt
- * ASAP Version: 4.2B
- * Transaction Control Number: 23489504823
- * Transaction Control Type: send
- * Date of Submission: April 30, 2022
- * Total Record Count: ###
- * Duplicate Records: ###
- * In Process Count: ###
- * Records with Error Count: ###
- * Imported Records Count: ###
- * Records Imported with Warning Count: ###

7.3 Zero Report Confirmation

You will receive a *Zero Report Confirmation* after successfully submitting a zero report to PMP Clearinghouse. This report displays the PMP to which the zero report was submitted, date range for the zero report, date the zero report was submitted to PMP Clearinghouse, and date the report was originally created.

An example *Zero Report Confirmation* is provided below.

SUBJ: ASAP Zero Report: zero_reports_20220301KSMCPS.DAT

BODY:

Summary:

- * File Name: zero_reports_20220306KSMCPS.DAT
- * PMP Name: South Carolina
- * Date Range: 2022-03-06 - 2022-03-06
- * Submission Date: 2022-03-07
- * ASAP Creation Date: 2022-03-07

8 Managing Your Upload Account

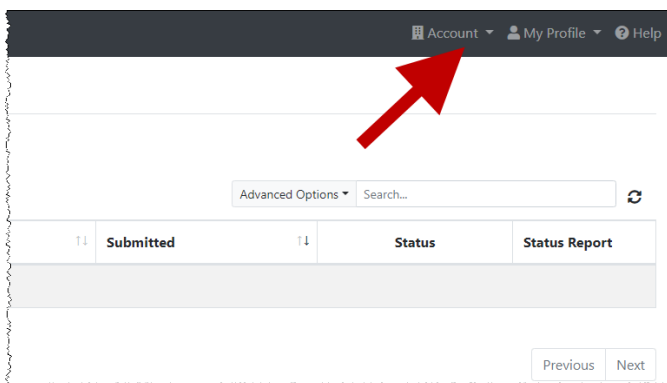
The **Account** menu option allows you to manage the information associated with your organization's upload account, including adding users, PMPs, and SFTP access to your account as well as editing your organization's account information.

Note: This chapter contains information for managing the upload account with which your user account is associated. For information about editing and managing your individual user account, including how to change your password, please refer to [Managing Your User Profile](#).

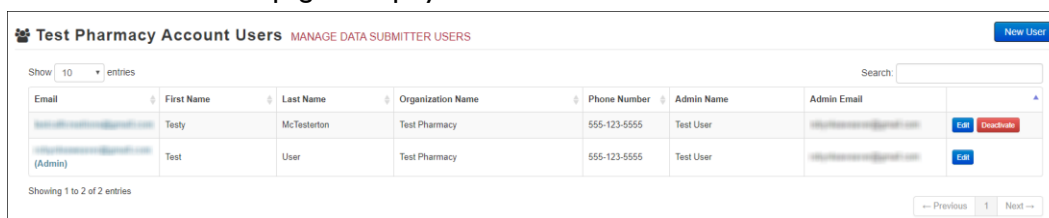
8.1 Adding Users to Your Upload Account

PMP Clearinghouse allows data submitters to add new users to the system who have the same rights and access to submitting data and viewing file status. This practice allows you to create an account to be used for a backup individual.

1. [Log in to PMP Clearinghouse](#).
2. Click **Account**.

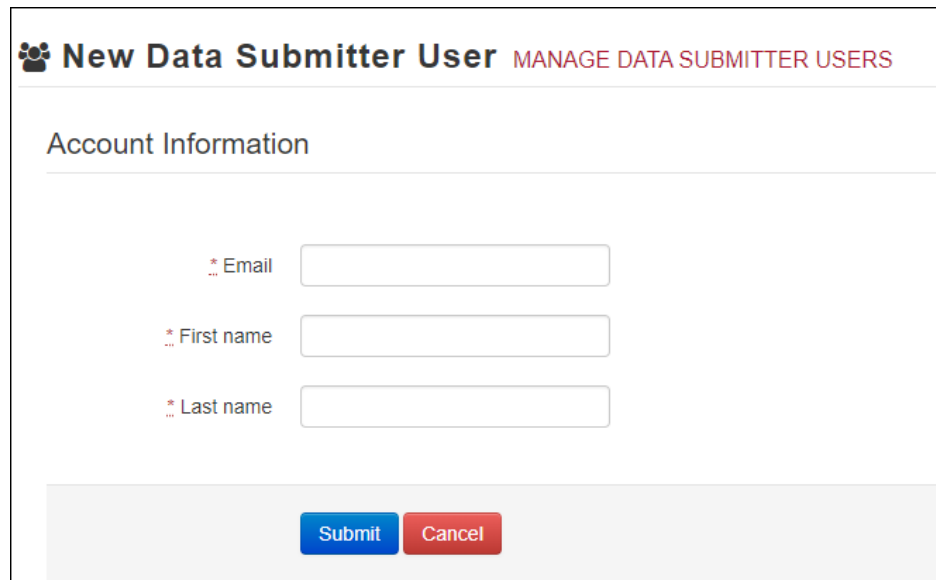


3. Select **Users** from the **Account** drop-down menu.
The **Account Users** page is displayed.



4. Click **New User**, located in the top right corner of the page.

The **New Data Submitter User** page is displayed.



5. Enter the new data submitter's email address, first name, and last name in the appropriate fields.

Note: All fields are required.

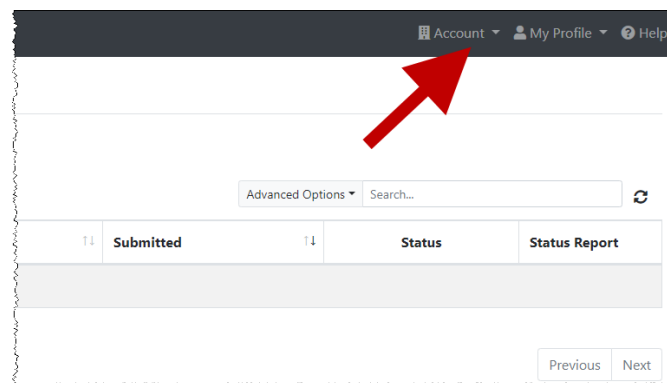
6. Click **Submit**.

The user is added to the list of data submitters for your organization, and you are returned to the **Account Users** page.

7. Please inform the new user of the account creation.
 - a. The user will receive an email with a link for them to confirm their account.
 - b. Once the account has been confirmed, the user will need to navigate to the **PMP Clearinghouse Login** page and click **Forgot your password?** to create a password for their account and log in.
 - c. Upon logging in, the user will be able to view all files submitted for your organization's upload account.

8.1.1 Changing Another User's Password

1. [Log in to PMP Clearinghouse](#).
2. Click **Account**.



3. Select **Users** from the **Account** drop-down menu.

The **Account Users** page is displayed.

Email	First Name	Last Name	Organization Name	Phone Number	Admin Name	Admin Email
testy@bamboohealth.com	Testy	McTesterton	Test Pharmacy	555-123-5555	Test User	testy@bamboohealth.com
test@bamboohealth.com	Test	User	Test Pharmacy	555-123-5555	Test User	test@bamboohealth.com

- Click the **Edit** button, located to the right of the user's information.
The **Edit Data Submitter User** page is displayed.

Edit Data Submitter User MANAGE DATA SUBMITTER USERS

Account Information

* Email

* First name

* Last name

Password

leave it blank if you don't want to change it

Password confirmation

- Enter a new password for the user in the **Password** field, then re-enter it in the **Password confirmation** field. The password requirements are provided below.

Passwords must contain:

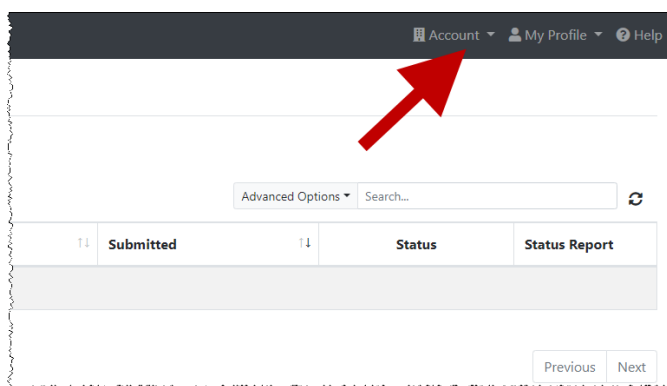
- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.

- Click **Submit**.
The password is changed.

8.2 Adding PMPs to Your Upload Account

If your organization needs to submit data files to an additional PMP that uses PMP AWARe, you can submit the request through PMP Clearinghouse.

1. [Log in to PMP Clearinghouse.](#)
2. Click **Account**.



3. Select **Multi State Approval** from the **Account** drop-down menu.
The **Multi State Approval** page is displayed. This page displays all PMPs currently using the PMP AWARe system as well as your data sharing status with each PMP.

 A screenshot of the 'BEST EVER PHARMACY Account' 'MULTI STATE APPROVAL' page. The page has a heading 'Please select state PMPs that will receive data from this account.' and a note: 'We will not allow data into a state PMP from this account until the appropriate state administrator has approved this account.' Below this is a table with columns 'Abbv', 'State', and 'Status'. To the right of the table is a map of the United States titled 'Participating States | Your Approval Status'.

Abbv	State	Status
☒ AL	Alabama	Pending
☒ AK	Alaska	Approved
☐ AZ	Arizona	
☐ AR	Arkansas	
☐ CO	Colorado	
☒ CT	Connecticut	Approved
☒ DO	Demo	Approved
☐ DC	District of Columbia	
☐ GA	Georgia	
☐ HI	Hawaii	
☒ ID	Idaho	Approved

4. To request to submit data to another PMP, click to select the checkbox next to that PMP.

PMP Clearinghouse automatically saves your changes, and your request is submitted to the PMP administrator for review and approval. Once the request has been approved, the status for that PMP will change from “Pending” to “Approved,” and you may begin submitting data to that PMP.

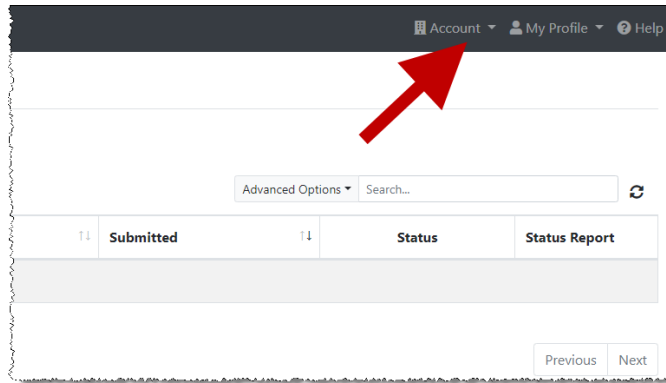
Notes:

- If you are submitting data via SFTP, the file must be located in the proper subfolder to ensure delivery to the desired PMP.
- To cancel data submission to a PMP, uncheck the box for that PMP. If you need to submit data to that PMP again in the future, you will have to go through the approval process again.

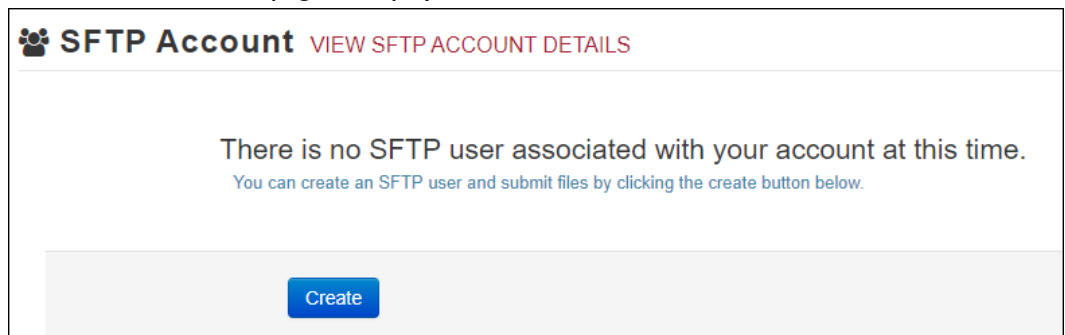
8.3 Adding SFTP Access to an Upload Account

If a registered upload account did not request an SFTP account during the account creation process, you can request one at any time using the **Account** menu option.

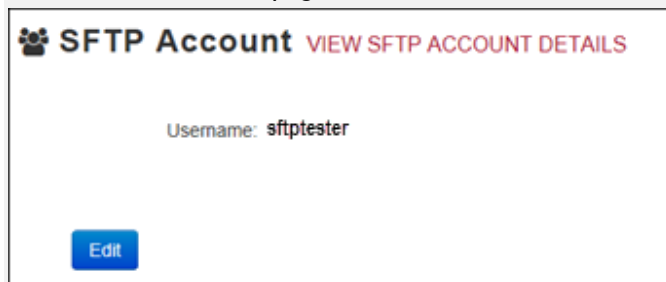
1. [Log in to PMP Clearinghouse.](#)
2. Click **Account**.



3. Select **SFTP Details**.
The **SFTP Account** page is displayed.



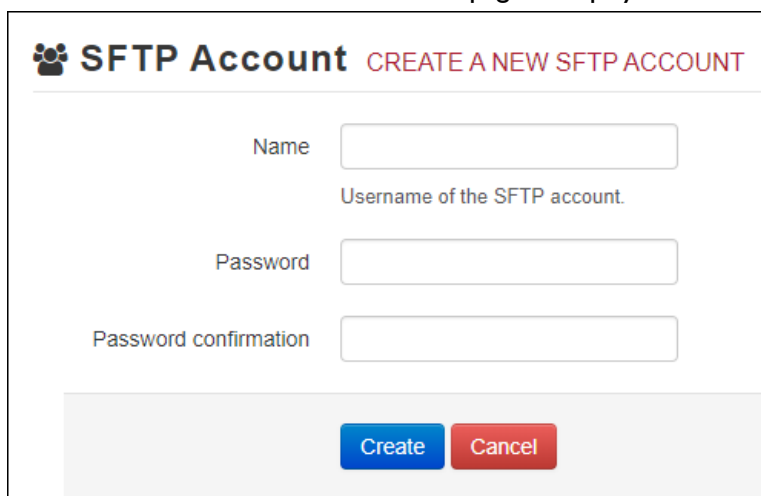
Note: If an SFTP account already exists for the upload account, the username is displayed on the **SFTP Account** page.



You cannot change the SFTP account username. However, you can update the password by clicking **Edit**.

4. Click **Create**.

The **Create a New SFTP Account** page is displayed.



SFTP Account CREATE A NEW SFTP ACCOUNT

Name
Username of the SFTP account.

Password

Password confirmation

5. Enter a username for the account in the **Name** field.

Notes:

- The username must contain a minimum of eight (8) characters.
- Once the SFTP account has been created, you cannot change the username.

6. Enter a password for the account in the **Password** field, then re-enter it in the **Password confirmation** field. The password requirements are provided below.

Passwords must contain:

- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.

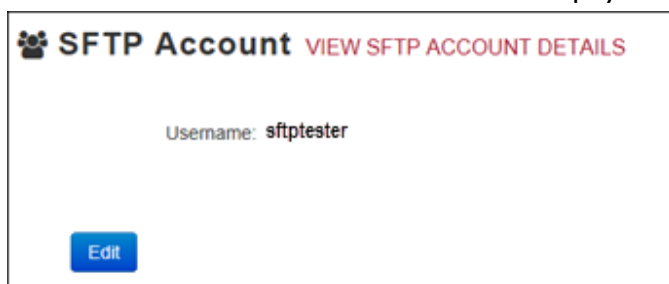
Once the account has been successfully created, this password will be input into the pharmacy software so that submissions can be automated.

Notes:

- This password can be the same as the one used when the upload account was created.
- Unlike your Profile password (i.e., your user account password), the SFTP password does not expire.
- The URL to connect via SFTP is <http://submissions.healthcarecoordination.net/>.
- Additional details on SFTP configuration can be found in [Appendix C: SFTP Configuration](#).

7. Click **Create**.

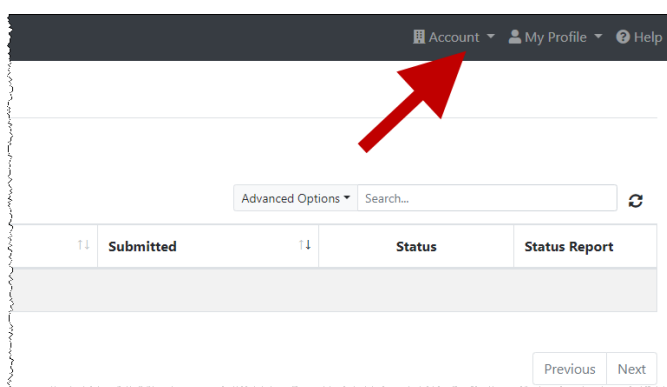
The account is created, and the username is displayed.



8.4 Editing Your Upload Account

Note: This function only allows you to edit your organization's upload account. If you need to edit your individual profile information, please refer to [Editing Your Profile](#).

1. [Log in to PMP Clearinghouse](#).
2. Click **Account**.



3. Select **Account Details**.

The **Account** page is displayed as shown on the following page.

Bamboo Health Accounts

Account Details

Name: Bamboo Health

Phone Number: 5555555555

Fax Number:

Allowed submission: True

Suppress Rx details in emailed error reports: False

Admin Details

User Name: QA TESTER

Email: qa2@gmail.com

Address: 10401 Linn Station Road#200
Louisville KY 40218

SFTP Account ID: qa255501@qapmpsftp

Edit

- Click **Edit**.
The **Edit Account** page is displayed.

Edit Bamboo Health Account

Account Details* Indicates Required Field

Name *

Bamboo Health

Phone number

5555555555

Fax number

☒ Allowed submission

☐ Suppress Rx details in emailed error reports

Admin Details

Address

10401 Linn Station Road#200

City

Louisville

Zip code

40218

State

Kentucky

Save Changes

Cancel

- Update the information as necessary, then click **Save Changes**.
The account information is updated.

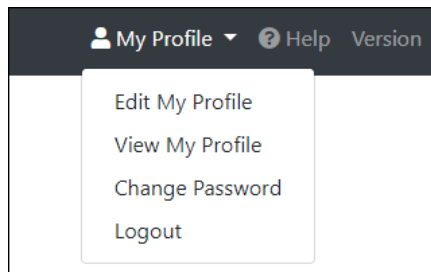
9 Managing Your User Profile

This chapter describes how to manage your individual user profile, including how to edit your profile and manage your password.

Note: This chapter contains information for managing your individual user profile. For information about managing your organization's upload account, including how to add users, please refer to [Managing Your Upload Account](#).

9.1 Editing Your Profile

1. [Log in to PMP Clearinghouse](#).
2. Click **My Profile**.



3. Select **Edit My Profile**.

Edit Profile

Profile Details * Indicates Required Field

First name * Test	Last name * User
Email * testuser@email.com	Time zone (GMT-05:00) Eastern Time (US 8

☒ **Disable report emails**

Organization Information

Name: Bamboo Health Test Pharmacy
Admin: Test Admin
Admin Email: testadmin@email.com

4. Update your information as necessary, then click **Save Changes**.

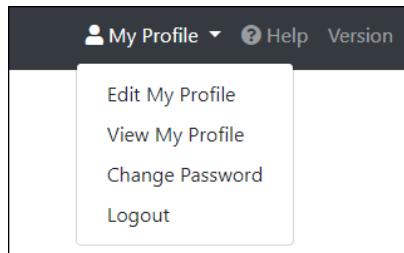
Note: This function only allows you to edit your individual profile information. If you need to edit the Organization Information, please refer to [Editing Your Upload Account](#).

Your changes are saved, and your updated profile is displayed.

9.2 Changing Your Password

Note: Clearinghouse passwords expire every 90 days. You can use this function to proactively change your password before it expires. If your password has already expired, or you have forgotten your password, navigate to the PMP Clearinghouse Login page and click **Forgot your password?** to reset it. Please refer to [Resetting Your Password](#) for more information.

1. [Log in to PMP Clearinghouse](#).
2. Click **My Profile**.



3. Select **Change Password**.

A screenshot of the 'Change Password' form. The title 'Change Password' is at the top. Below it is a 'Profile Details' section with a note '* Indicates Required Field'. The form contains an 'Email' field with the value 'testuser@email.com', a 'Current password' field with a red asterisk, and a text prompt 'we need your current password to confirm your changes'. Below these are two side-by-side fields for 'Password' and 'Password confirmation'. At the bottom are 'Update' and 'Cancel' buttons.

4. Enter your current password in the **Current Password** field.
5. Enter your new password in the **Password** field, then re-enter it in the **Password confirmation** field. The password requirements are provided below.

Passwords must contain:

- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.

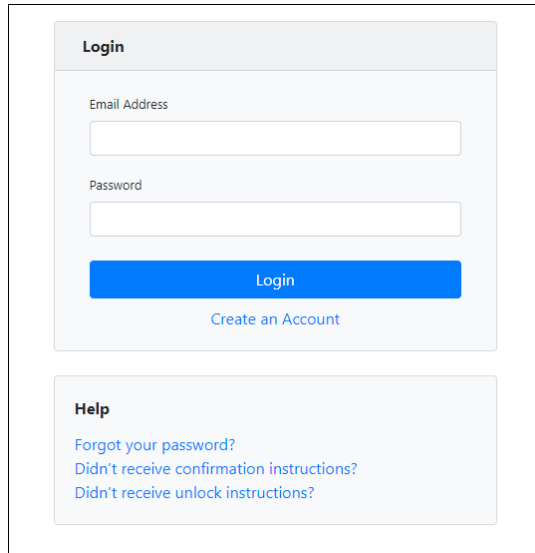
6. Click **Update**.

Your password is updated, and you will use it the next time you log in to PMP Clearinghouse.

9.3 Resetting Your Password

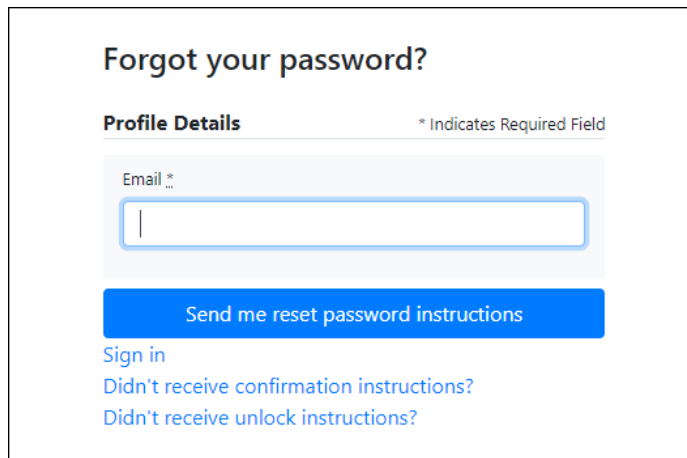
If you have forgotten your password or your password has expired, perform the following steps to reset it.

1. Open an internet browser window and navigate to the PMP Clearinghouse Login page located at https://pmpclearinghouse.net/users/sign_in.



The screenshot shows the login interface. At the top is a 'Login' header. Below it are two input fields: 'Email Address' and 'Password'. A blue 'Login' button is positioned below the password field, with a 'Create an Account' link underneath it. A 'Help' section is located at the bottom, containing three links: 'Forgot your password?', 'Didn't receive confirmation instructions?', and 'Didn't receive unlock instructions?'.

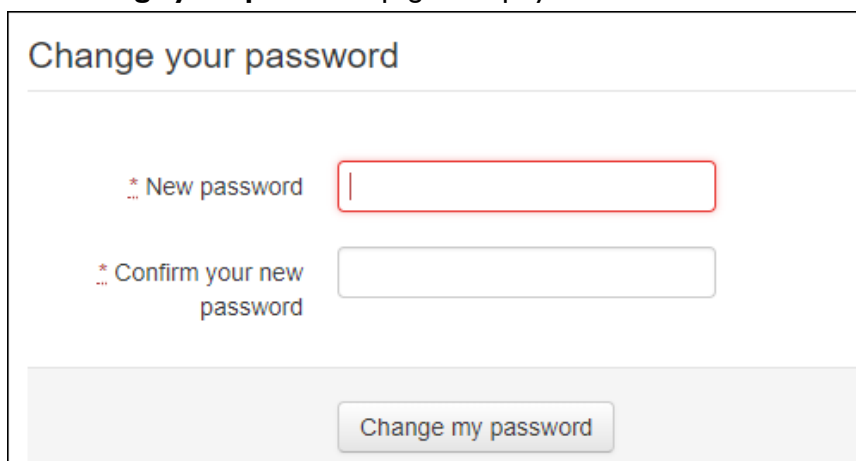
2. Click the **Forgot your password?** link, located in the Help section of the page. The Forgot your password page is displayed.



The screenshot shows the 'Forgot your password?' page. It has a title 'Forgot your password?' and a subtitle 'Profile Details' with a note '* Indicates Required Field'. There is an 'Email *' input field. Below the field is a blue button labeled 'Send me reset password instructions'. At the bottom, there are three links: 'Sign in', 'Didn't receive confirmation instructions?', and 'Didn't receive unlock instructions?'.

3. Enter the email address associated with your user account, then click **Send me reset password instructions**.
4. Once you receive the reset password email, click the **Change my password** link within the email.

The **Change your password** page is displayed.



Change your password

* New password

* Confirm your new password

Change my password

5. Enter your new password in the **New password** field, then re-enter it in the **Confirm your new password** field. The password requirements are provided below.

Passwords must contain:

- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.

6. Click **Change my password**.
Your password is changed, and you can now use it to log in to PMP Clearinghouse.

10 Assistance and Support

10.1 Technical Assistance

If you need additional help with any of the procedures outlined in this guide, you can:

- Contact Bamboo Health at 1-844-5SC-4PMP (1-844-572-4767);

OR

- Create a support request at the following URL:

<https://pmpclearinghouse.zendesk.com/hc/en-us/>

Technical assistance is available 24 hours per day, 7 days per week, 365 days per year.

10.2 Administrative Assistance

If you have non-technical questions regarding the South Carolina PMP, please contact:

South Carolina Prescription Monitoring Program

DPH Bureau of Drug Control

Prescription Monitoring Program

P.O. Box 2046

West Columbia, SC 29171

Phone: (803) 896-0688

Chelsea Townsend, PharmD – Director

Email: townseca@dph.sc.gov

Email: scripts@dph.sc.gov

II Document Information

II.1 Disclaimer

Bamboo Health has made every effort to ensure the accuracy of the information in this document at the time of printing. However, information is subject to change.

II.2 Change Log

Version	Date	Chapter/Section	Change Made
1.0	03/17/2022	N/A	N/A; initial publication
2.0	01/10/2025	Global	Updated guide to reflect the new brand guidelines
		6.1/File Listings	Update UCF time to edit/delete from 30 days to 1 year
		6.3.3/Error Correction via File Submission	Added additional guidance on revising and voiding records
		Global	Updated sFTP hostname information
2.1	03/13/2026	Appendix A/ASAP Reporting Requirements	Updated the following fields from "N" to "R": - PHA05 - PHA07 - PHA08 - PHA09 - PHA10
2.2	09/04/2026	Global	Updated contact information throughout
		Appendix A/ASAP Reporting Requirements	Decommissioned PRE09

Appendix A: ASAP 4.2B Specifications

The information on the following pages contains the definitions for the specific contents required of uploaded records in the American Society for Automation in Pharmacy (ASAP) format to comply with the SC PMP requirements.

The following elements are used in each upload file:

- **Segment Identifier** – indicates the beginning of a new segment, for example, *PHA*.
- **Data Delimiter** – character used to separate segments and the data elements within a segment, for example, an asterisk (*).

Each completed field should be followed by an asterisk, and each blank field should contain a single asterisk.

If the last field in the segment is blank, it should contain an asterisk and a tilde (~).

- **Segment Terminator** – character used to mark the end of a segment, for example, the tilde (~).

Note: Field *TH09* in the Transaction Header segment contains a built-in segment terminator. Since *TH09* also signifies the end of the segment, it should contain two tildes (~~).

Requirements

- R = Required by South Carolina
- N = Not required but accepted if submitted
- S = Situational

Note: For more information, contact the American Society for Automation in Pharmacy for the full Implementation Guide for the ASAP Standard for Prescription-Monitoring Programs. That guide includes some acceptable field attributes, such as allowed values, some formats and examples.

Segment	Element ID	Element Name	Requirement
TH: Transaction Header (required)			
Used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.			
	TH01	Version/Release Number Code uniquely identifying the transaction. Format = x.xx	R
	TH02	Transaction Control Number Sender assigned code uniquely identifying a transaction.	R
	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)	N
	TH04	Response ID Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	N
	TH05	Creation Date Date the transaction was created. Format: CCYYMMDD.	R
	TH06	Creation Time Time the transaction was created. Format: HHMMSS or HHMM.	R
	TH07	File Type - P = Production - T = Test	R
	TH08	Routing Number Reserved for real-time transmissions that go through a network switch to indicate, if necessary, the specific PMP the transaction should be routed to.	N
	TH09	Segment Terminator Character This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction.	R
IS: Information Source (required)			
Used to convey the name and identification numbers of the entity supplying the information.			
	IS01	Unique Information Source ID Reference number or identification number. (Example: phone number)	R
	IS02	Information Source Entity Name Entity name of the Information Source.	R

Segment	Element ID	Element Name	Requirement
	IS03	Message Free-form text message.	N
PHA: Pharmacy Header (required) Used to identify the pharmacy. Note: It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PHA03.			
	PHA01	National Provider Identifier (NPI) Identifier assigned to the pharmacy by CMS.	N
	PHA02	NCPDP/NABP Provider ID Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	N
	PHA03	DEA Number Identifier assigned to the pharmacy by the Drug Enforcement Administration.	R
	PHA04	Pharmacy Name Free-form name of the pharmacy or dispensing practitioner's name.	R
	PHA05	Address Information – 1 Free-form text for address information.	R
	PHA06	Address Information – 2 Free-form text for address information.	N
	PHA07	City Address Free-form text for city name.	R
	PHA08	State Address U.S. Postal Service code.	R
	PHA09	ZIP Code Address U.S. Postal Service ZIP Code. Do not include hyphens.	R
	PHA10	Phone Number Complete phone number including area code. Do not include hyphens.	R
	PHA11	Contact Name Free-form name.	N
	PHA12	Chain Site ID Store number assigned by the chain to the pharmacy location. Used when the PMP needs to identify the specific pharmacy from which information is required.	N
	PHA13	Pharmacy's Permit Number/License Number Identification assigned to the Pharmacy by the Louisiana Board of Pharmacy. To be utilized only when the pharmacy does not have an NPI number or DEA number. In this instance, leave PHA01 and PHA03 blank and insert the Pharmacy's Louisiana permit number in PHA13 (e.g., PHY.00####-XX).	S
PAT: Patient Information (required) Used to report the patient's name and basic information as contained in the pharmacy record.			

Segment	Element ID	Element Name	Requirement
	PAT01	ID Qualifier of Patient Identifier Code identifying the jurisdiction that issues the ID in PAT03.	N
	PAT02	ID Qualifier Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 Tribal ID 09 Vendor Specific (such as Bamboo Health, Experian, LexisNexis) 10 Veterinary Patient Microchip Number 99 Other (agreed upon ID)	N
	PAT03	ID of Patient Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	N
	PAT04	ID Qualifier of Additional Patient Identifier Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	N
	PAT05	Additional Patient ID Qualifier Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 Tribal ID 09 Vendor Specific (such as Bamboo Health, Experian, LexisNexis) 10 Veterinary Patient Microchip Number 99 Other (agreed upon ID)	N
	PAT06	Additional ID Identification that might be required by the PMP to further identify the individual. An example might be that in PAT03 driver's license is required and in PAT06 Social Security number is also required.	N

Segment	Element ID	Element Name	Requirement
	PAT07	Last Name Patient's last name.	R
	PAT08	First Name Patient's first name.	R
	PAT09	Middle Name Patient's middle name or initial if available.	N
	PAT10	Name Prefix Patient's name prefix such as Mr. or Dr.	N
	PAT11	Name Suffix Patient's name suffix such as <i>Jr.</i> or <i>the III.</i>	N
	PAT12	Address Information – 1 Free-form text for street address information.	R
	PAT13	Address Information – 2 Free-form text for additional address information.	N
	PAT14	City Address Free-form text for city name.	R
	PAT15	State Address U.S. Postal Service state or other regional jurisdiction code	R
	PAT16	ZIP Code Address U.S. Postal Service ZIP code. Do not include hyphens. Note: Populate with zeros if patient address is outside the U.S.	R
	PAT17	Phone Number Complete phone number including area code. Do not include hyphens.	N
	PAT18	Date of Birth Date patient was born. Format: CCYYMMDD	R
	PAT19	Gender Code Code indicating the sex of the patient. - F Female - M Male - U Unknown	N
	PAT20	Species Code Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. 01 Human 02 Veterinary Patient	S

Segment	Element ID	Element Name	Requirement
	PAT21	Patient Location Code Code indicating where patient is located when receiving pharmacy services. 01 Home 02 Intermediary Care 03 Nursing Home 04 Long-Term/Extended Care 05 Rest Home 06 Boarding Home 07 Skilled-Care Facility 08 Sub-Acute Care Facility 09 Acute Care Facility 10 Outpatient 11 Hospice 98 Unknown 99 Other	N
	PAT22	Country of Non-U.S. Resident Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	N
	PAT23	Name of Animal Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.	S
DSP: Dispensing Record (required) Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			
	DSP01	Reporting Status DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: 00 New Record (indicates a new prescription dispensing transaction) 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored). *Note: For prescriptions voided with code "02", a limited data set is being offered as an option PMPs can elect to use rather than requiring the entire prescription to be voided. This option is offered in order to streamline the process in the pharmacy when voiding a prescription.	R
	DSP02	Prescription Number Serial number assigned to the prescription by the pharmacy.	R

Segment	Element ID	Element Name	Requirement
	DSP03	Date Written Date the prescription was written (authorized). Format: CCYYMMDD	R
	DSP04	Refills Authorized The number of refills authorized by the prescriber.	R
	DSP05	Date Filled Date prescription was filled. Format: CCYYMMDD	R
	DSP06	Fill Number Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the fill number.	R
	DSP07	Product ID Qualifier Used to identify the type of product ID contained in DSP08. 01 NDC 06 Compound (indicates a compound; if used, the CDI segment becomes a required segment)	R
	DSP08	Product ID Full product identification as indicated in DSP07, including leading zeros without punctuation. If code "06" (indicating a compound) is indicated in DSP07, use "99999" as the first 5 characters; CDI then becomes required.	R
	DSP09	Quantity Dispensed Number of metric units dispensed in metric decimal format. Example: 2.5 Note: For compounds show the first quantity in CDI04.	R
	DSP10	Days' Supply Estimated number of days the medication will last.	R
	DSP11	Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in DSP09. 01 Each 02 Milliliters (ml) 03 Grams (gm)	N
	DSP12	Transmission Form of Rx Origin Code Code indicating how the pharmacy received the prescription. 01 Written Prescription 02 Telephone Prescription 03 Telephone Emergency Prescription 04 Fax Prescription 05 Electronic Prescription 06 Transfer/Forwarded 99 Other	N

Segment	Element ID	Element Name	Requirement
	DSP13	Partial Fill Indicator Used when the quantity in DSP 09 is less than the metric quantity per dispensing authorized by the prescriber. This dispensing activity is often referred to as a split filling. 00 Not a Partial Fill 01 First Partial Fill Note: For additional fills per prescription, increment by 1. So, the second partial fill would be reported as 02, up to a maximum of 99.	N
	DSP14	Pharmacist National Provider Identifier (NPI) Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	N
	DSP15	Pharmacist State License Number This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the State Licensing Board.	N
	DSP16	Classification Code for Payment Type Code identifying the type of payment (i.e., how it was paid for). 01 Private Pay 02 Medicaid 03 Medicare 04 Commercial Insurance 05 Military Installations and VA 06 Workers' Compensation 07 Indian Nations 99 Other	R
	DSP17	Date Sold Used to determine the date the prescription left the pharmacy, not the date it was filled, if the dates differ. Format: CCYYMMDD	N
	DSP18	RxNorm Code Qualifier RxNorm Code that is populated in the DRU-010-09 field in the SCRIPT transaction. 01 Semantic Clinical Drug (SCD) 02 Semantic Branded Drug (SBD) 03 Generic Package (GPCK) 04 Branded Package (BPCK)	N
	DSP19	RxNorm Code Used for electronic prescriptions to capture the prescribed drug product identification.	N
	DSP20	Electronic Prescription Reference Number This field should be populated with the MessageID in the XML format of the SCRIPT transaction.	N

Segment	Element ID	Element Name	Requirement
	DSP21	Electronic Prescription Order Number This field should be populated with the PrescriberOrderNumber in the XML format of the SCRIPT standard.	N
	DSP22	Quantity Prescribed This field adds clarity to the value reported in DSP13, Partial Fill Indicator.	S
	DSP23	Rx SIG This field captures the actual directions printed on the prescription vial label.	S
	DSP24	Treatment Type This field is used to explain the reason for an opioid prescription. If the prescription is not for an opioid, this field should not be used. 01 Not used for opioid dependency treatment 02 Used for opioid dependency treatment 03 Pain associated with active and aftercare cancer treatment 04 Palliative care in conjunction with a serious illness 05 End-of-life and hospice care 06 A pregnant individual with a pre-existing prescription for opioids 07 Acute pain for an individual with an existing opioid prescription for chronic pain 08 Individuals pursuing an active taper of opioid medications 09 Patient is participating in a pain management contract 10 Acute Opioid Therapy 11 Chronic Opioid Therapy 99 Other (trading partner agreed upon reason)	S
	DSP25	Diagnosis Code This field is used to report the ICD-10 code or CDT. If required by a PMP, this field would be populated only when the ICD-10 or CDT code is available. Note: Exclude the decimal point when reporting this field.	S
PRE: Prescriber Information (required) Used to identify the prescriber of the prescription.			
	PRE01	National Provider Identifier (NPI) Identifier assigned to the prescriber by CMS.	N
	PRE02	DEA Number Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA). For prescribers or reportable drugs that have no DEA number, another identifier, such as their NPI or Prescriber License Number must be submitted. Note: This field is required when the prescription is a controlled substance, based on either federal or other more local regulation.	R

Segment	Element ID	Element Name	Requirement
	PRE03	DEA Number Suffix Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	S
	PRE04	Prescriber License Number Identification assigned to the prescriber by the Licensing Board. To be utilized for non-controlled substances (e.g., gabapentin) only when the prescriber does not have an NPI number or DEA number (e.g., veterinarian). In this instance, leave PRE01 and PRE02 blank and insert the prescriber's state license number in PRE04. <i>Note: This field can be used for veterinary prescriptions.</i>	S
	PRE05	Last Name Prescriber's last name.	R
	PRE06	First Name Prescriber's first name.	R
	PRE07	Middle Name Prescriber's middle name or initial.	N
	PRE08	Phone Number Complete phone number including area code. Do not include hyphens.	N
	PRE09	XDEA Number (DECOMMISSIONED) This field has been decommissioned since DEA no longer issues XDEA numbers. This field should not be used.	-
	PRE10	Jurisdiction or State Issuing Prescriber License Number Use this field to further identify the information provided in PRE04.	S
CDI: Compound Drug Ingredient Detail (situational) Use of this segment is required when medication dispensed is a compound and one of the ingredients is a PMP reporting drug. If more than one ingredient is for a prescription monitoring program reporting drug, then this would be incremented by one for each compound ingredient being reported. If CDI is filled in, the NDC of DSP08 must be 9999999999.			
	CDI01	Compound Drug Ingredient Sequence Number First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.	S
	CDI02	Product ID Qualifier Code to identify the type of product ID contained in CDI03. ● 01 NDC	S
	CDI03	Product ID Full product identification as indicated in CDI02, including leading zeros without punctuation.	S
	CDI04	Compound Ingredient Quantity Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	S

Segment	Element ID	Element Name	Requirement
	CDI05	Compound Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in CDI04. 01 Each (used to report as package) 02 Milliliters (ml) (for liters, adjust to the decimal milliliter equivalent) 03 Grams (gm) (for milligrams, adjust to the decimal gram equivalent)	S
AIR: Additional Information Reporting (situational) Used when state-issued serialized Rx pads are used, the PMP requires information on the person dropping off or picking up the prescription, or for data elements not included in other detail segments. Note: If this segment is used, at least one of the data elements (fields) will be required.			
	AIR01	State Issuing Rx Serial Number U.S.P.S. state code or other regional jurisdiction code that issued serialized prescription blank. This is required if AIR02 is used.	N
	AIR02	State Issued Rx Serial Number Number assigned to state issued serialized prescription blank.	N
	AIR03	Issuing Jurisdiction Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.	N
	AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. 01 Military ID 02 State Issued ID 03 Unique System ID 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 Tribal ID	N
	AIR05	ID of Person Dropping Off or Picking Up Rx ID number of patient or person picking up or dropping off the prescription.	N
	AIR06	Relationship of Person Dropping Off or Picking Up Rx Code indicating the relationship of the person. 01 Patient 02 Parent/Legal Guardian 03 Spouse 04 Caregiver 99 Other	N
	AIR07	Last Name of Person Dropping Off or Picking Up Rx Last name of person picking up the prescription.	N

Segment	Element ID	Element Name	Requirement
	AIR08	First Name of Person Dropping Off or Picking Up Rx First name of person picking up the prescription.	N
	AIR09	Last Name or Initials of Pharmacist Last name or initials of pharmacist dispensing the medication.	N
	AIR10	First Name of Pharmacist First name of pharmacist dispensing the medication.	N
	AIR11	Dropping Off/Picking Up Identifier Qualifier Additional qualifier for the ID contained in AIR05 01 Person Dropping Off 02 Person Picking Up 03 Unknown/Not Applicable	N
TP: Pharmacy Trailer (required) Used to identify the end of data for a given pharmacy and provide the count of the total number of detail segments reported for the pharmacy, including the PHA and TP segment.			
	TP01	Detail Segment Count Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.	R
TT: Transaction Trailer (required) Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.			
	TT01	Transaction Control Number Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R
	TT02	Segment Count Total number of segments included in the transaction including the header and trailer segments.	R

Appendix B: ASAP Zero Report Specifications

The following table contains the required definitions for submitting zero reports via SFTP or manual upload to the SC PMP. It lists the **Segment** and **Element ID** with pre-populated data to be used as an example for constructing a zero report. For more details regarding these Segment or Elements IDs, or for details on reporting actual dispensations, please refer to [Appendix A: ASAP 4.2B Specifications](#).

Segment	Element ID	Element Name	Requirement
TH: Transaction Header (required)			
	TH01	4.2B	R
	TH02	123456	R
	TH05	20220101	R
	TH06	223000	R
	TH07	P	R
	TH09	\\	R
IS: Information Source (required)			
	IS01	7705555555	R
	IS02	PHARMACY NAME	R
	IS03	Date Range of Report #CCYYMMDD#-#CCYYMMDD#	R
PHA: Pharmacy Header (required)			
	PHA03	ZZ1234567	R
PAT: Patient Information (required)			
	PAT07	REPORT	R
	PAT08	ZERO	R
DSP: Dispensing Record (required)			
	DSP05	20220101	R
PRE: Prescriber Information (required; can be null as follows: PRE*****\)			
CDI: Compound Drug Ingredient Detail			
AIR: Additional Information Reporting			
TP: Pharmacy Trailer (required)			
	TP01	7	R
TT: Transaction Trailer (required)			
	TT01	123456	R
	TT02	10	R

Sample Zero Report

The following example illustrates a zero report using the above values.

```
TH*4.2B*I23456*0I**20220108*223000*P**\
IS*7705555555*PHARMACY NAME*#20220107#-#20220107#\
PHA*** ZZI234567\
PAT*****REPORT*ZERO*****\
DSP*****20220108*****\
PRE*\
CDI*\
AIR*\
TP*7\
TT*I23456*I0\
```

Appendix C: SFTP Configuration

This appendix describes the SFTP configurations required to upload your data to PMP Clearinghouse.

Note: Submitting data via SFTP requires that you have an existing PMP Clearinghouse account with SFTP access.

- If you need to create a PMP Clearinghouse account, please refer to [Creating Your Account](#). You will be able to set up your SFTP account during the account creation process.
- If you have an existing PMP Clearinghouse account but do not have SFTP access, please refer to [Adding SFTP Access to an Upload Account](#).

SFTP Connection Details

Hostname: <http://submissions.healthcarecoordination.net/>

Bamboo Health recommends that you use the hostname when configuring the connection rather than the IP address, as the IP address is subject to change.

Port: 22

Note: The port will always be 22.

- **Credentials:** Your SFTP account credentials (username and password) can be found within the PMP Clearinghouse website. To locate your credentials, [log in to PMP Clearinghouse](#), then click **Account > SFTP Details > Edit**.

Your username cannot be modified; however, you can update your password.

Note: Your current SFTP password cannot be seen or recovered. If you have forgotten or lost it, you will need to create a new one. For more information on changing the SFTP password, please refer to [Adding SFTP Access to an Upload Account](#).

- **Once you have established SFTP access, you can test the SFTP connection but you will not be able to submit data to a PMP until your account has been approved by the PMP administrator.**

PMP Subfolders

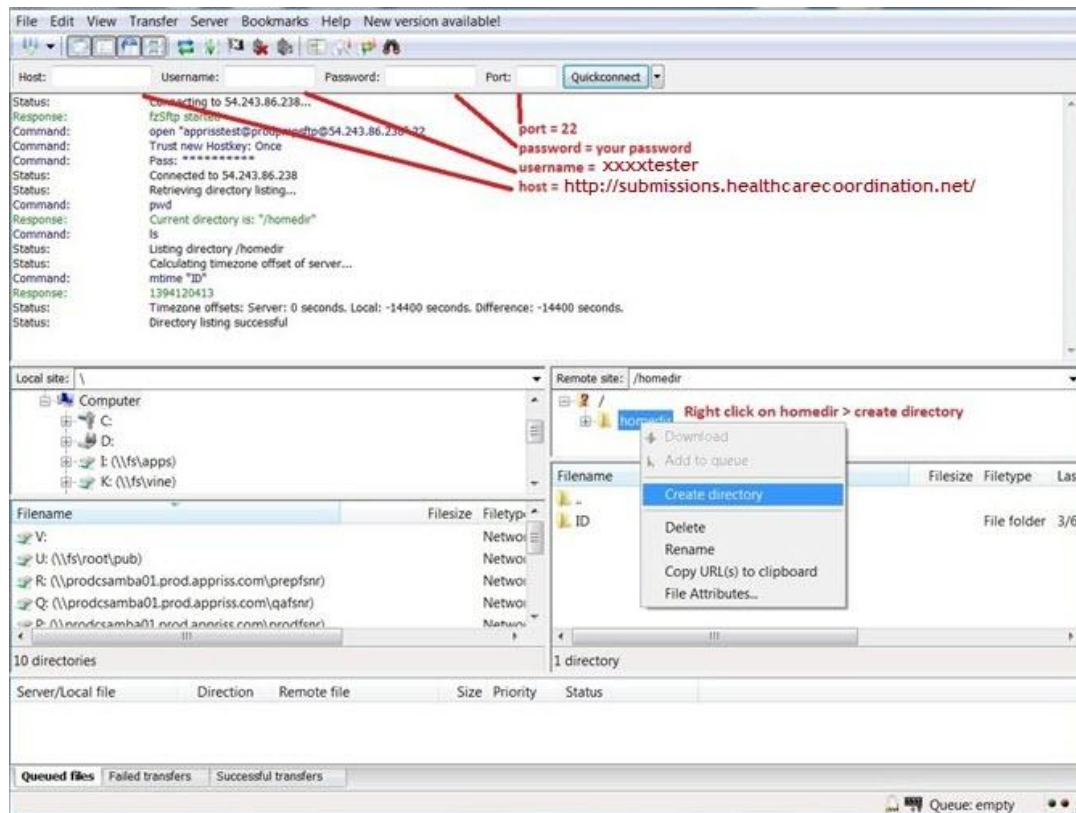
PMP Clearinghouse is the data repository for numerous PMPs. As such, data submitted via SFTP must be placed in the appropriate folder for the PMP for which you are submitting data so that it can be properly imported to that PMP. The creation of subfolders must be done outside of the PMP Clearinghouse website using third-party software, such as an SSH client or a command line utility. Files placed in the root/home directory of the SFTP server will not be imported, as this will cause the dispensing entity to appear as noncompliant/delinquent.

Your pharmacy software will need to be configured to place files in the appropriate PMP folder when submitting. You may need to contact your software vendor for additional assistance with this process.

NOTE: Capitalization of the abbreviated PMP folders' names has no bearing on whether or not Clearinghouse processes the files; however, some pharmacy systems, especially *nix-based systems, will require that the exact case is used when specifying the target folder.

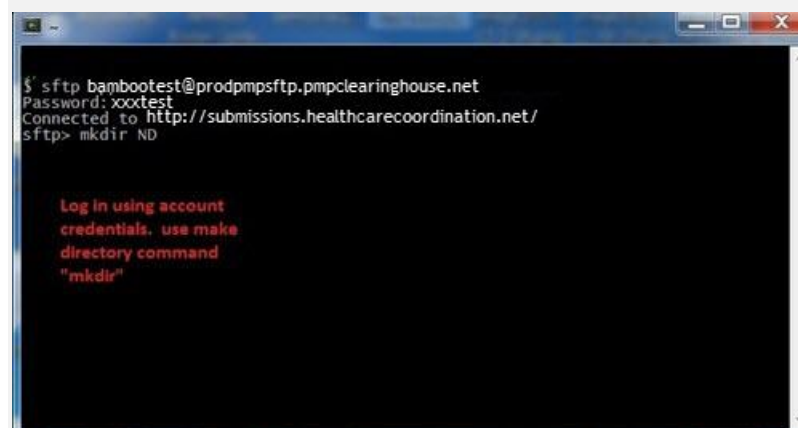
There are two methods by which to create PMP subfolders for SFTP submissions:

- I. **Via SSH client** (e.g., WinSCP, FileZilla, etc.)
 - d. Log in to your SFTP account.
 - e. Create the required directories under */homedir*.



2. **Via command prompt**
 - a. Log in to your SFTP account using command prompt.
 - b. Type “**mkdir**” followed by a space and then the PMP abbreviation you are using (e.g., **mkdir SC**).

NOTE: The PMP folder must be titled with the two-letter abbreviation as specified above.

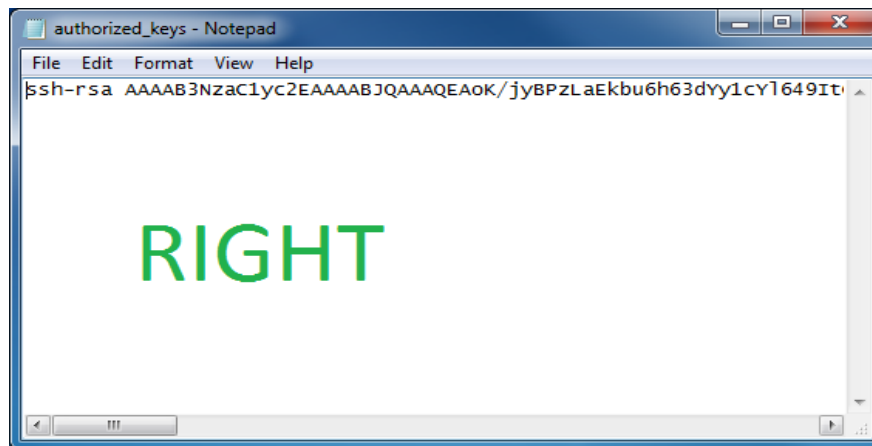


Public (SSH/RSA) Key Authentication

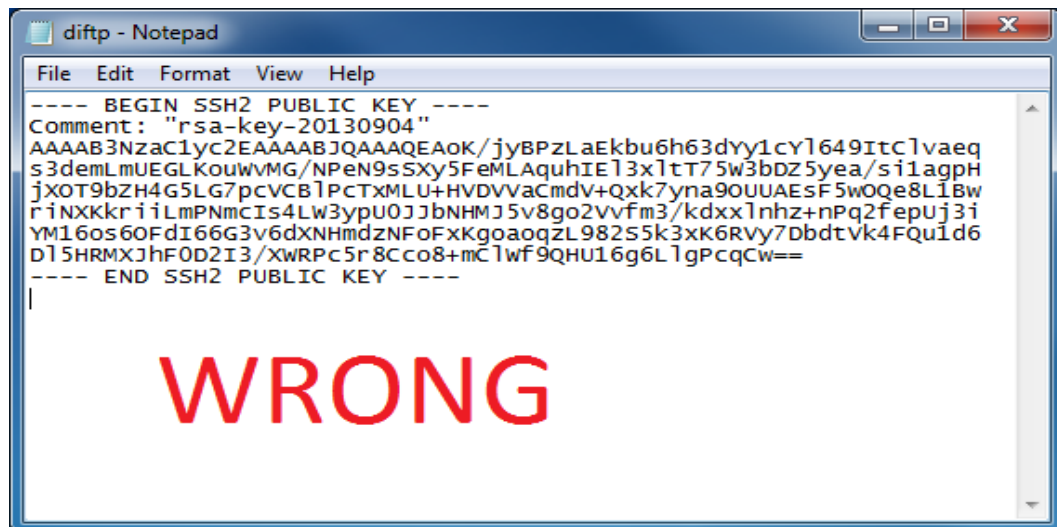
PMP Clearinghouse supports SSH key authentication. The generation of the key is outside the scope of this document; however, general guidelines about the key, along with how to import/load it, are provided below.

Note: *PGP Encryption is not supported.*

- **Supported Key Types:**
 - SSH-2 RSA 2048 bit length
- **Unsupported Key Types:**
 - SSH-1 RSA
 - SSH-2 DSA
- **Correct Public Key Format:** If opened in a text editor, the key should look like the screenshot below.



- **Incorrect Public Key Format:** If opened in a text editor, the key SHOULD NOT look like the screenshot below.



Once the key has been generated, it should be named “**authorized_keys**”.

Notes:

- *There is no file extension.*
- *There is an underscore between the words **authorized** and **keys**.*

A `.ssh` subfolder needs to be created in the SFTP account's home directory. The "**authorized_keys**" file must be placed in the `.ssh` folder. The creation of this folder follows the same process as creating a PMP subfolder. Please refer to [PMP Subfolders](#) for steps on creating subfolders.

Appendix D: SC Prescription Monitoring Act

ARTICLE 15

Prescription Monitoring Program

SECTION 44-53-1610. *Citation of article.*

This article may be cited as the "South Carolina Prescription Monitoring Act".

HISTORY: 2006 Act No. 396, Section 1, eff June 14, 2006.

SECTION 44-53-1620. *Purpose.*

This article is intended to improve the state's ability to identify and stop diversion of prescription drugs in an efficient and cost effective manner that will not impede the appropriate medical utilization of licit controlled substances.

HISTORY: 2006 Act No. 396, Section 1, eff June 14, 2006.

SECTION 44-53-1630. *Definitions.*

As used in this article:

- (1) "Authorized delegate" means an individual who is approved as having access to the prescription monitoring program and who is directly supervised by an authorized practitioner or pharmacist.*
- (2) "Controlled substances" means those substances listed in Schedules II, III, and IV of the schedules provided for in Sections 44-53-210, 44-53-230, 44-53-250, and 44-53-270.*
- (3) "Dispenser" means a person who delivers a Schedule II-IV controlled substance to the ultimate user, but does not include:*
 - (a) a licensed hospital pharmacy that distributes controlled substances for the purpose of inpatient hospital care or dispenses prescriptions for controlled substances at the time of discharge from the hospital;*
 - (b) a practitioner or other authorized person who administers these controlled substances; or*
 - (c) a wholesale distributor of a Schedule II-IV controlled substance.*
- (4) "Drug control" means the Department of Health and Environmental Control, Bureau of Drug Control.*
- (5) "Patient" means the person or animal who is the ultimate user of a drug for whom a prescription is issued or for whom a drug is dispensed, or both.*
- (6) "Practitioner" means an individual authorized pursuant to state and federal law to prescribe controlled substances.*

HISTORY: 2006 Act No. 396, Section 1, eff June 14, 2006; 2014 Act No. 244 (S.840), Section 1, eff June 6, 2014; 2017 Act No. 91 (H.3824), Section 2, eff May 19, 2017.

Effect of Amendment

2017 Act No. 91, Section 2, in the introductory paragraph, substituted "article" for "section"; redesignated (5), relating to the definition of authorized delegate, as (1), and redesignated accordingly; and added (6), relating to the definition of practitioner.

SECTION 44-53-1640. *Authority to establish and maintain prescription monitoring program; electronic submission of information by dispensers; exemptions.*

(A) The Department of Health and Environmental Control, Bureau of Drug Control shall establish and maintain a program to monitor the prescribing and dispensing of all Schedule II, III, and IV controlled substances by professionals licensed to prescribe or dispense these substances in this State and the administering of opioid antidotes pursuant to Sections 44-130-60 and 44-130-80.

(B)(1) A dispenser shall submit to drug control, by electronic means, information regarding each prescription dispensed for a controlled substance. The following information must be submitted for each prescription:

- (a) dispenser DEA registration number;*
- (b) date drug was dispensed;*
- (c) prescription number;*
- (d) whether prescription is new or a refill;*
- (e) NDC code for drug dispensed;*
- (f) quantity dispensed;*
- (g) approximate number of days supplied;*
- (h) patient name;*
- (i) patient address;*
- (j) patient date of birth;*
- (k) prescriber DEA registration number;*
- (l) date prescription issued by prescriber.*

(2) A dispenser shall submit daily to the department the information required pursuant to subsection (B)(1) in accordance with transmission methods and protocols provided in the latest edition of the "ASAP Telecommunications Format for Controlled Substances", developed by the American Society for Automation in Pharmacy.

(3) Drug control may issue a waiver to a dispenser who is unable to submit prescription information by electronic means. The waiver may permit the dispenser to submit prescription information by paper form or other means if all information required pursuant to subsection (B)(1) is submitted in this alternative format.

HISTORY: 2006 Act No. 396, Section 1, eff June 14, 2006; 2014 Act No. 244 (S.840), Section 2, eff June 6, 2014; 2017 Act No. 91 (H.3824), Section 3, eff May 19, 2017; 2019 Act No. 65 (H.3728), Section 3, eff January 1, 2021.

Editor's Note

2019 Act No. 65, preamble, provides as follows:

"Whereas, the South Carolina General Assembly is committed to combatting the opioid epidemic occurring within this State; and

"Whereas, the South Carolina General Assembly has enacted and is working to enact legislation aimed at stemming the misuse of opioids in South Carolina; and

"Whereas, collecting information related to opioid use and misuse helps those working to better understand the complexities of substance abuse disorders and enables those working with patients suffering from this disease to develop strategies for treatment, education, and care; and

"Whereas, the purpose of this legislation is to provide data to health care professionals treating patients who have been diagnosed with an opioid overdose and received an antidote in response to that overdose; and

"Whereas, the South Carolina General Assembly intends for the information collected pursuant to this law to be used by health care professionals to assist patients in getting appropriate treatment including, but not limited to, treatment for substance abuse disorder; and

"Whereas, the General Assembly intends further that the information collected pursuant to this law should not be used as the sole determining factor in a decision regarding whether to treat or refuse to treat a patient suffering from an opioid misuse. Now, therefore, [text of act]."

Effect of Amendment

2017 Act No. 91, Section 3, in (A), substituted "shall establish" for "may establish".

2019 Act No. 65, Section 3, in (A), added "and the administering of opioid antidotes pursuant to Sections 44-130-60 and 44-130-80" at the end.

SECTION 44-53-1645. *Requirement to review patient's prescription history.*

(A) A practitioner, or the practitioner's authorized delegate, shall review a patient's-controlled substance prescription history and history of the administering of an opioid antidote to the patient pursuant to Section 44-130-60 or 44-130-80, as maintained in the prescription monitoring program, before the practitioner issues a prescription for a Schedule II controlled substance. If an authorized delegate reviews a patient's-controlled substance prescription history and history of the administering of an opioid antidote to the patient as provided in this subsection, the practitioner must consult with the authorized delegate regarding the prescription and opioid antidote administering history before issuing a prescription for a

Schedule II controlled substance. The consultation must be documented in the patient's medical record.

(B) The requirements of this section do not apply to:

(1) a practitioner issuing a prescription for a Schedule II controlled substance to treat a hospice-certified patient;

(2) a practitioner issuing a prescription for a Schedule II controlled substance that does not exceed a five-day supply for a patient;

(3) a practitioner prescribing a Schedule II controlled substance for a patient with whom the practitioner has an established relationship for the treatment of a chronic condition; however, the practitioner must review the patient's controlled substance history maintained in the prescription monitoring program at least every three months;

(4) a practitioner approving the administration of a Schedule II controlled substance by a health care provider licensed in South Carolina;

(5) a practitioner prescribing a Schedule II controlled substance for a patient in a skilled nursing facility, nursing home, community residential care facility, or an assisted living facility and the patient's medications are stored, given, and monitored by staff; or

(6) a practitioner who is temporarily unable to access the prescription monitoring program due to exigent circumstances; however, the exigent circumstances and the potential adverse impact to the patient if the prescription is not issued timely must be documented in the patient's medical record.

(C) A practitioner is deemed to be in compliance with this section if the practitioner utilizes technology that automatically displays the patient's controlled substance prescription history from the prescription monitoring program in the practitioner's electronic medical record system. The practitioner must be able to demonstrate that this technology has been deployed in his practice, but no additional documentation is required in the patient's medical record.

HISTORY: 2017 Act No. 91 (H.3824), Section 1, eff May 19, 2017; 2019 Act No. 65 (H.3728), Section 4, eff January 1, 2021.

Editor's Note

2019 Act No. 65, preamble, provides as follows:

"Whereas, the South Carolina General Assembly is committed to combatting the opioid epidemic occurring within this State; and

"Whereas, the South Carolina General Assembly has enacted and is working to enact legislation aimed at stemming the misuse of opioids in South Carolina; and

"Whereas, collecting information related to opioid use and misuse helps those working to better understand the complexities of substance abuse disorders and enables those working with patients suffering from this disease to develop strategies for treatment, education, and care; and

"Whereas, the purpose of this legislation is to provide data to health care professionals treating patients

who have been diagnosed with an opioid overdose and received an antidote in response to that overdose; and

"Whereas, the South Carolina General Assembly intends for the information collected pursuant to this law to be used by health care professionals to assist patients in getting appropriate treatment including, but not limited to, treatment for substance abuse disorder; and

"Whereas, the General Assembly intends further that the information collected pursuant to this law should not be used as the sole determining factor in a decision regarding whether to treat or refuse to treat a patient suffering from an opioid misuse. Now, therefore, [text of act]."

Effect of Amendment

2019 Act No. 65, Section 4, in (A), in the first sentence, inserted "and history of the administering of an opioid antidote to the patient pursuant to Section 44-130-60 or 44-130-80", and in the second sentence, inserted "and history of the administering of an opioid antidote to the patient as provided in this subsection" and "and opioid antidote administering".

SECTION 44-53-1650. Confidentiality; persons to whom data may be released.

(A) Prescription information submitted to drug control is confidential and not subject to public disclosure under the Freedom of Information Act or any other provision of law, except as provided in subsections (C) and (D).

(B) Drug control shall maintain procedures to ensure that the privacy and confidentiality of patients and patient information collected, recorded, transmitted, and maintained is not disclosed, except as provided for in subsections (C) and (D).

(C) If there is reasonable cause to believe a violation of law or breach of professional standards may have occurred, drug control shall notify the appropriate law enforcement or professional licensure, certification, or regulatory agency or entity and shall provide prescription information required for an investigation.

(D) Drug control may provide data in the prescription monitoring program to the following persons:

(1) a practitioner or pharmacist or authorized delegate who requests information and certifies that the requested information is for the purpose of providing medical or pharmaceutical treatment to a bona fide patient;

(2) an individual who requests the individual's own prescription monitoring information in accordance with procedures established pursuant to state law;

(3) a designated representative of the South Carolina Department of Labor, Licensing and Regulation responsible for the licensure, regulation, or discipline of practitioners, pharmacists, or other persons authorized to prescribe, administer, or dispense controlled substances and who is involved in a bona fide specific investigation involving a designated person;

(4) a local, state, or federal law enforcement or prosecutorial official engaged in the administration, investigation, or enforcement of the laws governing licit drugs and who is involved in a bona fide specific drug-related investigation involving a designated person;

- (5) the South Carolina Department of Health and Human Services regarding Medicaid program recipients;
- (6) a properly convened grand jury pursuant to a subpoena properly issued for the records;
- (7) personnel of drug control for purposes of administration and enforcement of this article;
- (8) qualified personnel for the purpose of bona fide research or education; however, data elements that would reasonably identify a specific recipient, prescriber, or dispenser must be deleted or redacted from such information prior to disclosure. Further, release of the information only may be made pursuant to a written agreement between qualified personnel and the department in order to ensure compliance with this subsection;
- (9) a coroner, deputy coroner, medical examiner, or deputy medical examiner who is involved in a specific inquiry into the cause and manner of death of a designated person pursuant to Chapter 5, Title 17;
- (10) a practitioner in a prescription report card provided to practitioners in accordance with Section 44-53-1655; and
- (11) the presiding judge of a drug court pertaining to a specific case involving a designated person.

HISTORY: 2006 Act No. 396, Section 1, eff June 14, 2006; 2014 Act No. 244 (S.840), Section 3, eff June 6, 2014; 2018 Act No. 168 (H.4488), Section 1, eff May 3, 2018; 2018 Act No. 201 (S.918), Section 3, eff May 15, 2018; 2018 Act No. 212 (H.4117), Section 1, eff May 18, 2018.

Code Commissioner's Note

At the direction of the Code Commissioner, the amendments to (D) made by 2018 Act No. 168, 2018 Act No. 201, and 2018 Act No. 212 were read together and renumbered appropriately.

Effect of Amendment

2018 Act No. 168, Section 1, in (D), added (9), authorizing drug control to provide coroners and medical examiners data maintained in the prescription drug monitoring program, and made non-substantive changes.

2018 Act No. 201, Section 3, in (D), added (10), authorizing drug control to provide practitioners in a prescription report card data maintained in the prescription drug monitoring program.

2018 Act No. 212, Section 1, in (D), added (11), authorizing drug control to provide presiding judges of drug courts data maintained in the prescription drug monitoring program.

SECTION 44-53-1655. Practitioner prescription report cards.

(A) The department shall develop and maintain as part of the prescription monitoring program a system to provide prescription report cards to practitioners to inform the practitioner about certain prescribing trends. The report card must provide, at a minimum:

- (1) a comparison of the practitioner's number of prescriptions issued per month by therapeutic class*

code or by specific substances to peer averages by specialty throughout the State;

(2) a comparison of the practitioner's number of milligrams prescribed per month by therapeutic class code or by specific substances to peer averages by specialty throughout the State;

(3) the total number of patients receiving ninety morphine milligram equivalents (MMEs) or more a day;

(4) the total number of patients receiving opioid medications for thirty days or more;

(5) the total number of patients receiving opioids and benzodiazepines medications at the same time;

(6) the total number of patients issued prescriptions from three or more practitioners;

(7) the total number of patients filling prescriptions at three or more pharmacies;

(8) the total number of patients with controlled substance prescriptions whose dispensing dates overlap;

(9) the total number of patients obtaining refills on their prescriptions more than one week early; and

(10) the total number of prescription drug monitoring program queries made by the practitioner and a ratio of the queries to the number of patients or prescriptions issued.

The report card also must provide data on the number of practitioners registered against which the comparisons of items (1) and (2) are being made and any other demographic data relating to the pool of practitioners and may include regional or nationwide prescribing comparison data that would be useful to the practitioner. Prescription report cards, data, documents, records, and any other information accessed or compiled in preparing prescription report cards, are confidential and not subject to discovery, subpoena, or introduction into evidence in any civil action, unless confidentiality is waived by the practitioner.

(B) The department shall coordinate with the Board of Medical Examiners and any other appropriate professional boards as part of the development and implementation of a prescription report card program. The department may contract with another agency of the State or with a private vendor, as necessary, to ensure effective operation of the report card program, as provided in Section 44-53-1660, and may apply for public or private grants or other funding to develop, implement, and maintain the program.

HISTORY: 2018 Act No. 201 (S.918), Section 2, eff November 15, 2018.

Editor's Note

2018 Act No. 201, Section 4, provides as follows:

"SECTION 4. SECTION 2 is effective six months after the effective date of this act. All other SECTIONS are effective upon approval by the Governor."

SECTION 44-53-1660. Contract for administration by other state agency or private vendor.

Drug control may contract with another agency of this State or with a private vendor, as necessary, to ensure the effective operation of the prescription monitoring program. A contractor shall comply with the

provisions regarding confidentiality of prescription information in Section 44-53-1650 and is subject to the penalties specified in Section 44-53-1680 for unlawful acts.

HISTORY: 2006 Act No. 396, Section 1, eff June 14, 2006.

SECTION 44-53-1670. Promulgation of regulations.

Drug control may promulgate regulations setting forth the procedures and methods for implementing this article.

HISTORY: 2006 Act No. 396, Section 1, eff June 14, 2006.

SECTION 44-53-1680. Violations and penalties.

(A) A dispenser or authorized delegate who knowingly fails to submit prescription monitoring information to drug control as required by this article, or who knowingly submits incorrect prescription information, is guilty of a misdemeanor and, upon conviction, must be fined not more than two thousand dollars or imprisoned not more than two years, or both.

(B) A person who knowingly discloses prescription monitoring information in violation of this article is guilty of a felony and, upon conviction, must be fined not more than ten thousand dollars or imprisoned not more than ten years, or both.

(C) A person who knowingly uses prescription monitoring information in a manner or for a purpose in violation of this article is guilty of a felony and, upon conviction, must be fined not more than ten thousand dollars or imprisoned not more than ten years, or both.

(D) A pharmacist or practitioner, licensed in Title 40, who knowingly discloses prescription monitoring information in a manner or for a purpose in violation of this article shall be reported to his respective board for disciplinary action.

(E) Nothing in this chapter requires a pharmacist to obtain information about a patient from the prescription monitoring program. A practitioner or authorized delegate of a practitioner who knowingly fails to review a patient's controlled substance prescription history, as maintained in the prescription monitoring program, or a practitioner who knowingly fails to consult with his authorized delegate regarding a patient's controlled substance prescription history before issuing a prescription for a Schedule II controlled substance, as required by this article, must be reported to his respective board for disciplinary action.

(F) A pharmacist or practitioner does not have a duty and must not be held liable in damages to any person in any civil or derivative criminal or administrative action for injury, death, or loss to person or property on the basis that the pharmacist or practitioner did or did not seek or obtain information from the prescription monitoring program. A pharmacist or practitioner acting in good faith is immune from any civil, criminal, or administrative liability that might otherwise be incurred or imposed for requesting or receiving information from the prescription monitoring program.

HISTORY: 2006 Act No. 396, Section 1, eff June 14, 2006; 2014 Act No. 244 (S.840), Section 4, eff June 6, 2014; 2017 Act No. 91 (H.3824), Section 4, eff May 19, 2017.

Effect of Amendment

2017 Act No. 91, Section 4, amended the section, establishing a penalty if a practitioner or authorized delegate fails to review a patient's controlled substance prescription history before prescribing a schedule II controlled substance

Appendix E: Compound Drugs

What are Compound Drugs and Why Do We Use Them?

Compound drugs are reportable drugs that have combined, mixed, or altered ingredients to create a medication with two or more drugs that meet the tailored needs of an individual patient. Compounding medication allows for treatment of patients who may not be able to be treated with an FDA-approved medication for such reasons as allergies to certain dyes.

This appendix provides information about data delivery methods you can use to submit compound drugs to PMP Clearinghouse. Each individual state or PMP determines how and when users are to submit compound drugs to PMP Clearinghouse.

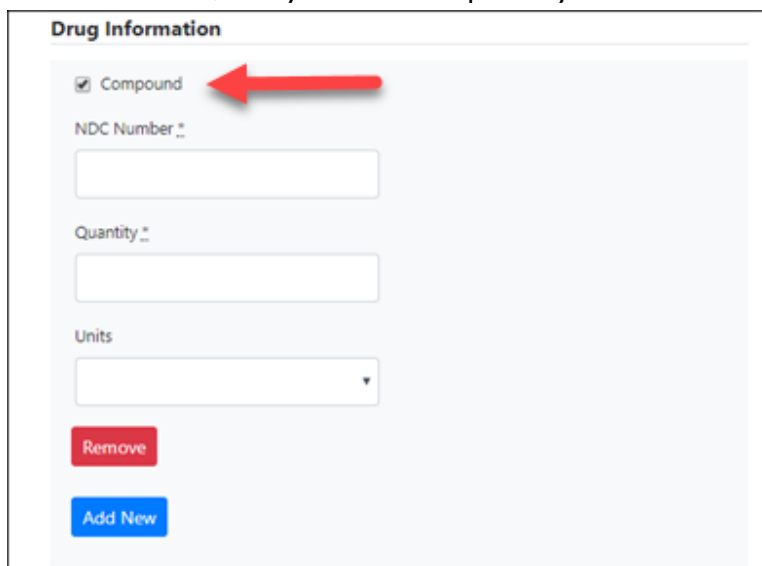
Submitting a Manual Entry (UCF) for a Compound Drug

You can manually enter your compound drug prescription information into the PMP Clearinghouse system using the Universal Claim Form (UCF) within the PMP Clearinghouse web portal. This form allows you to enter patient, prescriber, dispenser, and prescription information.

Please refer to [Reporting Requirements](#) for the complete list of reporting requirements.

If you do not have an account, please refer to [Creating Your Account](#) for further details.

1. To submit a Compound Drug via **UCF Submission**, first [Log in to PMP Clearinghouse](#).
For additional information on submitting a **UCF Submission**, refer to [Manual Entry \(UCF\)](#).
2. Click the **New Claim Form** tab, located at the top of the page.
The Create Universal Claim Form page is displayed.
3. Complete the required fields. Be sure to click the **Compound** checkbox in the Drug Information section as shown below and include each ingredient in the Compound Drug by NDC Number, Quantity, and units respectively.



Drug Information

☒ Compound

NDC Number *

Quantity *

Units

Remove

Add New

Note: If a drug/compound is not found in the NDC database, the ingredient drug name will appear in the Prescription table as “Compound Drug Ingredient.” A compound drug should consist of at least one “Active” ingredient that is typically FDA-approved and will therefore have an NDC number. The

remainder of the ingredients in the compound drug may or may not be FDA-approved and therefore may not have an NDC number.

4. Once you have completed all required fields and clicked the **Compound** checkbox, follow the prompts to save and submit your form. For additional assistance with your submission, to include completing your submission, and errors please refer to [Manual Entry \(UCF\)](#) and [Error Correction](#).

Viewing Records with Errors

If the **Error Correction** page displays, it will provide more information about the records within a selected data file that need correcting, including **Prescription Number**, **Segment Type**, **Warning Count**, and **Error Count**. To access this page, click the “**Pending Dispensation Error**” message in the **Status** column of the [File Listings](#) page. For further information on how to correct an error, please refer to [Error Correction](#).

Submitting a Compound Drug via ASAP 4.2B Specifications

The information in the following table contains the definitions for the specific contents required of uploaded records in the American Society for Automation in Pharmacy (ASAP) format to comply with the SC PMP requirements for compound drugs. For more information, contact the American Society for Automation in Pharmacy for the full *Implementation Guide for the ASAP Standard for Prescription-Monitoring Programs*. That guide includes some acceptable field attributes, such as allowed values, some formats, and examples.

The following elements are used in each upload file:

- **Segment Identifier** – indicates the beginning of a new segment, for example, *PHA*.
- **Data Delimiter** – character used to separate segments and the data elements within a segment, for example, an asterisk (*).

Each completed field should be followed by an asterisk, and each blank field should contain a single asterisk.

If the last field in the segment is blank, it should contain an asterisk and a tilde (~).

- **Segment Terminator** – character used to mark the end of a segment, for example, the tilde (~).

Requirement

- R = Required by South Carolina
- N = Not required but accepted if submitted
- S = Situational

Note: For more information, contact the American Society for Automation in Pharmacy for the full *Implementation Guide for the ASAP Standard for Prescription-Monitoring Programs*. That guide includes field lengths, acceptable attributes, and examples.

Segment	Element ID	Element Name	Requirement
DSP: Dispensing Record (required)			
Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			
	DSP01	Reporting Status DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: 00 New Record (indicates a new prescription dispensing transaction) 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored).	R
	DSP02	Prescription Number Serial number assigned to the prescription by the pharmacy.	R
	DSP03	Date Written Date the prescription was written (authorized). Format: CCYYMMDD	R
	DSP04	Refills Authorized The number of refills authorized by the prescriber.	R
	DSP05	Date Filled Date prescription was filled. Format: CCYYMMDD	R
	DSP06	Refill Number Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the refill number.	R
	DSP07	Product ID Qualifier Used to identify the type of product ID contained in DSP08. 01 NDC 06 Compound (indicates a compound; if used, the CDI segment becomes a required segment)	R
	DSP08	Product ID Full product identification as indicated in DSP07, including leading zeros without punctuation. If “06 Compound” is indicated in DSP07, use 99999 as the first five characters; CDI then becomes required.	R
	DSP09	Quantity Dispensed Number of metric units dispensed in metric decimal format. Example: 2.5 Note: For compounds show the first quantity in CDI04.	R
	DSP10	Days' Supply Estimated number of days the medication will last.	R

Segment	Element ID	Element Name	Requirement
	DSP11	Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in DSP09. 01 Each 02 Milliliters (ml) 03 Grams (gm)	N
	DSP12	Transmission Form of Rx Origin Code Code indicating how the pharmacy received the prescription. 01 Written Prescription 02 Telephone Prescription 03 Telephone Emergency Prescription 04 Fax Prescription 05 Electronic Prescription 99 Other	N
	DSP13	Partial Fill Indicator Used when the quantity in DSP 09 is less than the metric quantity per dispensing authorized by the prescriber. This dispensing activity is often referred to as a split filling. 00 Not a Partial Fill 01 First Partial Fill <i>Note: For additional fills per prescription, increment by 1. So, the second partial fill would be reported as 02, up to a maximum of 99.</i>	N
	DSP14	Pharmacist National Provider Identifier (NPI) Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	N
	DSP15	Pharmacist State License Number This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the State Licensing Board.	N
	DSP16	Classification Code for Payment Type Code identifying the type of payment (i.e., how it was paid for). 01 Private Pay 02 Medicaid 03 Medicare 04 Commercial Insurance 05 Military Installations and VA 06 Workers' Compensation 07 Indian Nations 99 Other	R
	DSP17	Date Sold Usage of this field depends on the pharmacy having a point-of-sale system that is integrated with the pharmacy management system to allow a bidirectional flow of information.	N

Segment	Element ID	Element Name	Requirement
	DSP18	RxNorm Code Qualifier RxNorm Code that is populated in the DRU-010-09 field in the SCRIPT transaction. 01 Semantic Clinical Drug (SCD) 02 Semantic Branded Drug (SBD) 03 Generic Package (GPCK) 04 Branded Package (BPCK)	N
	DSP19	RxNorm Code Used for electronic prescriptions to capture the prescribed drug product identification.	N
	DSP20	Electronic Prescription Reference Number This field should be populated with the Initiator Reference Number from field UIB-030-01 in the SCRIPT transaction.	N
	DSP21	Electronic Prescription Order Number This field will be populated with the Initiator Control Reference from field UIH-030-01 in the SCRIPT standard.	N
CDI: Compound Drug Ingredient Detail (situational) Use of this segment is required when medication dispensed is a compound and one of the ingredients is a PMP reporting drug. If more than one ingredient is for a prescription monitoring program reporting drug, then this would be incremented by one for each compound ingredient being reported. If CDI is filled in, the NDC of DSP08 must be 9999999999.			
	CDI01	Compound Drug Ingredient Sequence Number First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.	S
	CDI02	Product ID Qualifier Code to identify the type of product ID contained in CDI03. 01 NDC	S
	CDI03	Product ID Full product identification as indicated in CDI02, including leading zeros without punctuation.	S
	CDI04	Compound Ingredient Quantity Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	S
	CDI05	Compound Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in CDI04. 01 Each (used to report as package) 02 Milliliters (ml) (for liters, adjust to the decimal milliliter equivalent) 03 Grams (gm) (for milligrams, adjust to the decimal gram equivalent)	S

Patient Report

Compound drugs are listed in a single line item in the **Patient Report Prescriptions** table with compound ingredients grouped or associated by their Rx Number. The multiple ingredients listing is the only indicator on the **Patient Report** that the drug was part of the compound.

Prescriptions

Total: 1 | Private Pay: 0

Showing 1-1 of 1 Items | View 15 Items < 1 of 1 >

Filled ▾	Written ▾	ID ▾	Drug ▾	QTY ▾	Days ▾	Prescriber ▾	RX # ▾	Dispenser ▾	Refill ▾	Daily Dose* ▾	Pymt Type ▾	PMP ▾
02/12/2022	02/12/2022	1	Testosterone Micronized Powder	0.23	90	Pr Man	5635678	K m (1258)	0/0		Comm Ins	DO
02/12/2022	02/12/2022	1	Lactose Monohydrate Powder	7.41	90	Pr Man	5635678	K m (1258)	0/0		Comm Ins	DO
02/12/2022	02/12/2022	1	Sucrose Crystals	3.18	90	Pr Man	5635678	K m (1258)	0/0		Comm Ins	DO

Disclaimer

Showing 1-1 of 1 Items | View 15 Items < 1 of 1 >

Example of the dispensation record to create prescription pictured above.

DSP|00|5635678|20220212|0|20220212|00|06|9999999999|90|90|01|01|00|||04|||\\

PRE||BB555551|||DOCTOR|GOOD||\

CDI|01|01|38779016305|0.225|03\

CDI|02|01|38779031508|7.41|03\

CDI|03|01|51552050205|3.18|03\