



Prescription Drug Monitoring Program Training and Technical Assistance Center

Technical Assistance Guide

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Additional Data Fields for PDMPs to Consider Collecting from Dispensers

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Introduction

Prescription Drug Monitoring Programs (PDMPs) are important tools in preventing and treating drug abuse, curtailing drug diversion, and ensuring patients with legitimate medical needs have access to appropriate medications. PDMPs provide useful and pertinent information to prescribers, dispensers, law enforcement, and regulatory/licensing boards which make up the majority of authorized users of PDMP reports nationally. In recent years, some PDMPs have expanded the authorized user groups beyond these four (4) major categories to include: substance abuse treatment counselors; medical examiners/coroners; Medicaid; Medicare; Peer Review Committees; Drug Courts; Workers Compensation; Probation/Parole Officers; 3rd Party Payers; etc.

As more PDMPs consider expanding access to other users, PDMPs are also experiencing an increase in the number of PDMP reports generated due, in large part, to increased awareness of PDMPs effectiveness and legislative action in certain states requiring prescribers and dispensers to request a PDMP report on patients they are treating. In the year following the enactment of Kentucky's mandatory PDMP use law, there was over a 360% increase in the number of PDMP reports requested. Ohio experienced over 100% increase and Tennessee experienced over 140% increase in the number of PDMP reports requested in the year following enactment of its law as well.

Recently, several major pharmacy chains established policies requiring their pharmacists to query the PDMP prior to the dispensing a controlled substance prescription; increasing the number of PDMP reports produced. Increased use of PDMPs is also occurring within the law enforcement community as more agencies increase their attention towards stopping illegal sale and possession of prescription drugs. Massachusetts and New York started allowing law enforcement easier access to their data by streamlining the request process. Additionally, Massachusetts is conducting training courses statewide to law enforcement agencies on how to access and use the PDMP reports.

Historically, two (2) major factors have contributed to what data is collected by the programs: newer PDMPs have followed in the footsteps of their PDMP predecessors; and the adoption by PDMPs of the American Society for Automation in Pharmacy (ASAP) standardized format.

However, the current data fields PDMPs collect have not changed significantly in the last 35 years even though additional data fields are available for collection in more recent versions of the ASAP format. With the number of PDMP reports increasing and more users being provided access, perhaps the time has come for PDMPs to evaluate the information being collected from dispensers and examine what additional data fields may need to be collected. This may help determine if the data is fully meeting the needs of the various authorized users and ensure all user groups have all the necessary information to more effectively address the public health and safety concerns surrounding prescription drug abuse, misuse and diversion. It is worth noting that some states have already added other additional data elements to those required and others are contemplating it. For example, some states, in addition to the required data elements, also collect species (if the patient is an animal); the first and last name of the person picking up the prescription if different from the patient; method of payment; and date sold rather than date dispensed.

When reviewing which additional data fields PDMPs may be made available on PDMP reports, it may be helpful to examine the responsibilities and needs of each user group more thoroughly to ascertain what additional data fields would be most beneficial. Keep in mind each user group may need different data:

- Would it be useful to include method of payment when attempting to identify patients possibly involved in doctor shopping? It is a widely used practice of doctor shoppers to pay cash for their additional prescriptions so as to go undetected by their 3rd party payer. Having dispensers report the payment method for medications (e.g., private insurance, government, cash) facilitates the identification of patients who may be misusing or abusing drugs.
- Would it be helpful to include the other prescribers' or dispensers' telephone numbers on PDMP reports of patients who appear to be doctor shopping? The additional information may facilitate and encourage communication among the health professionals about the care of the patient.
- In an investigation, is it beneficial to include the name of the person who picked up the prescription in a PDMP report?
- Is capturing the pharmacist's state license number an important piece of information for a regulatory board to have?
- As interstate operability becomes widely adopted, are there additional data fields which may assist out of state prescribers, dispensers, regulatory boards and law enforcement agencies?

Purpose

The PDMP Training and Technical Assistance Center (TTAC) developed this technical assistance guide (TAG) in order to:

1. Assist PDMP administrators to begin the process of examining additional data fields they and their user groups may want to consider collecting and include in PDMP reports.
2. Assist PDMP administrators to begin a dialogue with their users on what additional data they would find useful in carrying out their responsibilities.

TTAC asked several PDMP Administrators (Alabama, Illinois, Kentucky, Tennessee, Vermont, Washington, Wisconsin, and Wyoming) to review the TAG and provide comments and suggestions, which have been included. In addition, technical guidance was provided by ASAP's Executive Director, Bill Lockwood.

With present technology and expanding roles and use of PDMPs, it becomes important for PDMPs to begin discussing which additional data elements may benefit specific users to make PDMP reports more effective and relevant. The conversation should include those who use the PDMP data and other PDMP stakeholders and needs to be conducted at the state and national level.

TTAC is well aware that adding other data fields to the existing list of required data that dispensers submit is contingent upon various factors including PDMP resources, political environment, states' statutes and regulations and therefore, some aspects of this TAG may not be applicable to every PDMP.

Current Data Standard Formats

Currently, all operational PDMPs utilize the American Society for Automation in Pharmacy (ASAP) format for data transmission and collection except for Nebraska who is integrating their PDMP with health information exchanges (HIEs). The ASAP versions have evolved throughout the years with PDMP participation. While there are several versions of ASAP currently in use by PDMPs, TTAC reviewed the most recent version (ASAP 4.2) for this TAG (see <http://asapnet.org/> for more details).

We also recognize that other standards exist that could be a viable option including those offered by the National Council for Prescription Drug Programs (NCPDP) Telecommunication or SCRIPT Standard (see <http://ncpdp.org/pdf/wp/NCPDP.PDMP.WhitePaper.201303.pdf> for more details).

TTAC does not endorse, promote, nor recommend, any specific standard. PDMP administrators are encouraged to research all options and determine which standard will be the most effective for their state and consult with their IT staff or vendor before adopting any data collection format. TTAC will update the guide as more information on data collection formats becomes available and as PDMPs adopt the collection of other data fields.

ASAP Format Standard

The ASAP format standard (version 4.2) organizes the prescription data into ‘segments’ and is transmitted as a single file or transaction. Each file or transaction is a collection of segments and each segment is a collection of data elements or fields. In our review of the ASAP format, TTAC focused on data fields contained in only five (5) major Segments. The Header, Summary, and Acknowledgment Segments were not included in our review as they contain data fields that are only used by the IT staff and the system collecting the data; not the end user reviewing PDMP information.

The following are the five (5) major Segments TTAC reviewed:

- Pharmacy Header Segment (PHA): identifies the pharmacy or the dispensing prescriber.
- Patient Information Segment (PAT): contains the patient’s name and basic information as contained in the pharmacy record.
- Dispensing Record Segment (DSP): identifies the basic components of a dispensing of a given prescription order including date and quantity.
- Prescriber Information Segment (PRE): identifies the prescriber of the prescription.
- Additional Information Reporting Segment (AIR): contains a prescription blank serial number, information on a person dropping off or picking up the prescription, and information regarding the prescription that is not included in the other detail segments.

TAG Format

This guide provides suggestions for the five (5) major Segments listed above. Each Segment will first list and define the minimum data fields PDMPs collect from dispensers (Current Required Fields under the ASAP format standard) followed by a listing and definition of additional fields PDMPs may wish to consider collecting (Recommended Additional Fields) and a reason (Rationale) for each of the fields identified. The guide also includes three (3) appendices which summarize the different data fields mentioned in the TAG:

- **Appendix A** - identifies the ASAP data fields required, under the ASAP format standard, to be submitted to PDMPs by dispensers. These fields are collected by all PDMPs.
- **Appendix B** - identifies the ASAP data fields which are optional, under the ASAP format standard; meaning PDMPs may choose to collect these in addition to the required fields.
- **Appendix C** - identifies the availability of all the data fields (both required and recommended optional fields) within the various versions of ASAP.

SEGMENTS

Pharmacy Header Segment (PHA)

Current Required Fields:

- None

Recommended Additional Fields:

- **National Provider Identifier (NPI)** - Identifier assigned to the pharmacy by CMS.
- **NCPDP/NABP Provider ID**- Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.
- **DEA Number** - Identifier assigned to the pharmacy by the Drug Enforcement Administration.

Rationale: Although none of the pharmacy fields in the PHA segment are ‘current required fields’, many, if not all, PDMPs capture the DEA number. However, TTAC suggests PDMPs consider capturing multiple pharmacy identifiers. Thought should be given to capturing the NPI number as an additional field. This number never changes and is a national identification number. The widespread efforts to integrate PDMP data with Electronic Health Records (EHRs) and Health Information Exchanges (HIEs) is facilitated by the use of the NPI number. The NPI number will also be a common number known by other state PDMPs and will facilitate interstate data sharing.

- **Phone Number** - Complete telephone number, including area code, of dispenser.

Rationale: Capturing the pharmacy telephone number facilitates and promotes interaction between the pharmacy and prescriber should a question arise about the dispensing of a controlled substance to a patient. Furthermore, if the telephone number is included as part of a PDMP patient's prescription history report, it will encourage and facilitate communication between dispensers and prescribers.

Patient Information Segment (PAT)

Current Required Fields:

- **Last Name** – Patient's last name.
- **First Name** – Patient's first name.
- **Address Information – 1** – Patient address information.
- **City Address** – Patient's city.
- **Zip Code Address** – U.S. Postal Service Zip Code.
- **Date of Birth** – Date patient was born.

Recommended Additional Fields:

- **ID Qualifier of Patient Identifier**- Code identifying the jurisdiction that issues the ID.
- **ID Qualifier** - Code to identify the type of ID.
- **ID of Patient** - Identification number for the patient.

Rationale: In many states, there is a requirement to ask for some type of identification if the patient is not known to the pharmacist. If this information was being collected by the PDMP, it could potentially identify individuals who are involved in prescription fraud. Additionally, inclusion of the patient's identification could be used to group and link prescriptions for the same patient with a higher degree of accuracy.

- **Middle Name**- Patient's middle name or initial, if available.
- **Name Suffix** - Patient's name suffix such as Jr. or the III.

Rationale: These two data fields facilitate the identification of patients with similar names and improve the accuracy in identifying potential doctor shoppers.

- **Phone Number** - Patient's telephone number.

Rationale: It's been found that many drug diversion rings, in their attempt to unlawfully obtain controlled substances, will many times use different names and street addresses to disguise their criminal intent of cashing lost or stolen prescription; however, these individuals provide pharmacies with the same telephone number. Having the patient's phone number will enable PDMPs and law enforcement to easily identify such fraudulent activities by generating a report matching telephone numbers to patients. Collecting the telephone number also allows easy access to the patient by prescribers, dispensers, or other authorized users of the PDMP.

- **Gender Code** - Code indicating the sex of the patient.

Rationale: Although many PDMPs collect this data field, there are many that do not. Knowing the gender of a patient facilitates identification of a patient with similar names or initials; thereby, providing more accurate identification of doctor shoppers and use of PDMP data for research and public health surveillance.

- **Species Code** - Used to differentiate a prescription for an individual from one prescribed for an animal.
- **Name of Animal** - Used for prescriptions written by a Veterinarian.

Rationale: Many PDMPs are not able to distinguish a prescription issued by a physician, dentist or veterinarian. Collecting one or both of these data fields easily identifies a prescription was written by a veterinarian. Since many times the name of the animal's owner is placed on the prescription, a physician reviewing a patient history can distinguish between prescriptions written for the patient from those written by a veterinarian for the patient's pet.

Dispensing Record Segment (DSP)

Current Required Fields:

- **Reporting Status** – Used to indicate if the record is new, to update a previously submitted record, or to void a previously submitted record.
- **Prescription Number** – Serial number assigned to the prescription.
- **Date Written** – Date the prescription was written (authorized).
- **Refills Authorized** – The number of refills authorized by the prescriber.
- **Date Filled** – Date prescription was dispensed.
- **Refill Number** – Number of the fill of the prescription.
- **Product ID Qualifier** – Used to identify the type of product ID.
- **Product ID** – Full product identification as indicated in Product ID Qualifier.
- **Quantity Dispensed** – Number of metric units dispensed in metric decimal format.

- **Days Supply** – The calculated or estimated number of days the medication will cover.

Recommended Additional Fields:

- **Transmission Form of Rx Origin Code-** Code indicating how the pharmacy received the prescription; e.g., written, telephonic, emergency, fax, electronic, other.

Rationale: The method by which a prescription arrives at a pharmacy can be useful in either regulatory/compliance or criminal investigations when investigators need to obtain records for evidence, compare handwriting for forgery cases, etc.

- **Partial Fill Indicator** - This field is used when the quantity filled is less than the metric quantity per dispensing as authorized by the prescriber.

Rationale: A lesser quantity may be dispensed for various reasons: a patient requests less quantity of the drug than the prescriber has authorized on the prescriptions or the pharmacy does not have that quantity in stock. Reasons why a patient may make such a request vary. The most common being the patient cannot afford the entire quantity at that time and most state laws allow the pharmacist to partially fill the prescriptions a number of times until the quantity, originally authorized by the prescriber, is completely dispensed within the appropriate time period the prescription is valid. The ability to identify partial fill of a prescription becomes important to the PDMP and prescribers and dispensers reviewing a patient history.

- **Pharmacist State License Number-** State license number of the pharmacist responsible for the dispensing of the prescription.

Rationale: The pharmacist's state license number data field identifies the pharmacist filling the prescription which can be useful in either regulatory/compliance or criminal investigations.

- **Classification Code for Payment Type-** Code identifying the type of payment, i.e. method of payment for prescription.

Rationale: Many of the newer PDMPs have required this data field to be transmitted by the dispenser. This field has been demonstrated to more easily identify doctor shoppers as it is common knowledge that patients going to multiple doctors at the same time pay cash for most of the prescription so as not to be detected by their third party payer (private or public). In addition, the payment field could be used to separate out prescription records, by payment method.

- **Date Sold-** This field is used to determine the date the prescription left the pharmacy, not the date it was filled.

Rationale: There are various interpretations as to when a prescription is dispensed or filled. Some states define dispensed as the date the medications was prepared and packaged for the patient. Others define dispense as the date the medications was actually given to the patient. Including this data field will allow the different definitions to coexist and will lower the incidence of prescription records needing to be corrected with the PDMP.

Prescriber Information Segment (PRE)

Current Required Fields:

- **DEA Number** – Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).

Recommended Additional Fields:

- **National Provider Identifier (NPI)** – Identifier assigned to the prescriber by Centers for Medicare & Medicaid Services (CMS).
- **DEA Number Suffix-** Identifying number assigned to a prescriber by an institution when the institution’s DEA number is used

Rationale: Although only the DEA Number field is ‘required’, consideration should be given to capturing the NPI due to widespread efforts to integrate PDMP data with EHRs and HIEs. This number never changes and is a national identification number. The NPI number will also be a common number known by other state PDMPs and will facilitate interstate data sharing. The NPI field is currently collected by several PDMPs.

The DEA Number Suffix field allows a pharmacist to more easily identify the prescriber at an institution should the pharmacist wish to contact him or her. It also is valuable information for a regulatory agency during an inspection or investigation of the institution or of a resident or intern.

- **Phone Number-** The prescriber’s primary telephone number.

Rationale: Capturing the prescriber’s telephone number facilitates and promotes interaction between the pharmacy and prescriber should a question arise about the dispensing of a controlled substance to a patient. Furthermore, if the telephone number is included as part of a PDMP patient’s prescription history report, it will encourage and facilitate communication among those involved in the patient’s care.

Additional Information Reporting Segment (AIR)

Current Required Fields:

- None

Recommended Additional Fields:

- **ID Issuing Jurisdiction** – Code identifying the jurisdiction that issues the ID of person dropping off or picking up Rx.
- **ID Qualifier of Person Dropping Off or Picking Up Rx** – Code to identify the type of ID used by the person dropping off or picking up Rx.
- **ID of Person Dropping Off or Picking Up Rx** – ID number of the person dropping off or picking up the Rx.
- **Relationship of Person Dropping Off or Picking Up Rx** – Code indicating the relationship to the person dropping off or picking up Rx.
- **Last Name of Person Dropping Off or Picking Up Rx** – Last name of the person dropping off or picking up Rx.
- **First Name of Person Dropping Off or Picking Up Rx** – First name of the person dropping off or picking up Rx.
- **Dropping Off/Picking Up Identified Qualifier** – Additional qualifier for the ID used by the person dropping off or picking up Rx.

Rationale: A 2010 study in Massachusetts found that 38% of the prescriptions are dropped off or picked up by someone other than the patient. Although, in many cases, there is no criminal activity involved, capturing this additional information can assist investigators by either identifying the person who delivered the prescription or to whom the medications were given. If this information was being collected by the PDMP, it could potentially identify individuals who are involved in prescription fraud and individuals who prey on elderly patients by stealing their controlled substance medications.

Appendix A – Required ASAP Data Fields

Pharmacy Header Segment (PHA): no required fields

Patient Information Segment (PAT):

Data Field Name	Data Field Description	Data Field Reference
Last Name	Patient's last name.	PAT07
First Name	Patient's first name.	PAT08
Address Information – 1	Patient address information.	PAT12
City Address	Patient's city.	PAT14
ZIP Code Address	U.S. Postal Service ZIP code.	PAT16
Date of Birth	Date patient was born.	PAT18

Dispensing Record Segment (DSP):

Data Field Name	Data Field Description	Data Field Reference
Reporting Status	Used to indicate if the record is new, to update a previously submitted record, or to void a previously submitted record.	DSP01
Prescription Number	Serial number assigned to the prescription.	DSP02
Date Written	Date the prescription was written (authorized).	DSP03
Refills Authorized	The number of refills authorized by the prescriber.	DSP04
Date Filled	Date prescription was dispensed.	DSP05
Refill Number	Number of the fill of the prescription.	DSP06
Product ID Qualifier	Used to identify the type of product ID contained in DSP08.	DSP07
Product ID	Full product identification as indicated in DSP07.	DSP08
Quantity Dispensed	Number of metric units dispensed in metric decimal format.	DSP09
Days Supply	The calculated or estimated number of days the medication will cover.	DSP10

Prescriber Information Segment (PRE):

Data Field Name	Data Field Description	Data Field Reference
DEA Number	Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	PRE02

Additional Information Reporting Segment (AIR): no required fields

Appendix B – Optional ASAP Data Fields

Pharmacy Header Segment (PHA):

Data Field Name	Data Field Description	Data Field Reference
National Provider Identifier (NPI)	Identifier assigned to the pharmacy by CMS.	PHA01
NCPDP/NABP Provider ID	Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	PHA02
DEA Number	Identifier assigned to the pharmacy by the Drug Enforcement Administration.	PHA03
Phone Number	Complete phone number including area code.	PHA10

Patient Information Segment (PAT):

Data Field Name	Data Field Description	Data Field Reference
ID Qualifier of Patient Identifier	Code identifying the jurisdiction that issues the ID in PAT03.	PAT01
ID Qualifier	Code to identify the type of ID in PAT03.	PAT02
ID of Patient	Identification number for the patient as indicated in PAT02.	PAT03
Middle Name	Patient's middle name or initial if available.	PAT09
Name Suffix	Patient's name suffix such as Jr. or the III.	PAT11
Phone Number	Patient's phone number.	PAT17
Gender Code	Code indicating the sex of the patient.	PAT19
Species Code	Used to differentiate a prescription for an individual from one prescribed for an animal.	PAT20
Name of Animal	Used for prescriptions written by a Veterinarian.	PAT23

Dispensing Record Segment (DSP):

Data Field Name	Data Field Description	Data Field Reference
Transmission Form of Rx Origin Code	Code indicating how the pharmacy received the prescription	DSP12
Partial Fill Indicator	This field is used when the quantity in DSP09 is less than the metric quantity per dispensing authorized by the prescriber.	DSP13
Pharmacist State License Number	State license number of the pharmacist dispensing the drug.	DSP15
Classification Code for Payment Type	Code identifying the type of payment, i.e. how it was paid for.	DSP16
Date Sold	This field is used to determine the date the prescription left the pharmacy, not the date it was filled.	DSP17

Prescriber Information Segment (PRE):

Data Field Name	Data Field Description	Data Field Reference
National Provider Identifier (NPI)	Identifier assigned to the prescriber by CMS.	PRE01
DEA Number Suffix	Identifying number assigned to a prescriber by an institution when the institution's DEA number is used	PRE03
Phone Number	The prescriber's primary phone number.	PRE08

Appendix B – Optional ASAP Data Fields (continued)

Additional Information Reporting Segment (AIR):

Data Field Name	Data Field Description	Data Field Reference
ID Issuing Jurisdiction	Code identifying the jurisdiction that issues the ID contained in AIR05.	AIR03
ID Qualifier of Person Dropping Off or Picking Up Rx	Code to identify the type of ID in AIR03.	AIR04
ID of Person Dropping Off or Picking Up Rx	ID number of the person dropping off or picking up the Prescription.	AIR05
Relationship of Person Dropping Off or Picking Up Rx	Code indicating the relationship to the person dropping off or picking up Rx.	AIR06
Last Name of Person Dropping Off or Picking Up Rx	Last name of the person dropping off or picking up Rx.	AIR07
First Name of Person Dropping Off or Picking Up Rx	First name of the person dropping off or picking up Rx.	AIR08
Dropping Off/Picking Up Identified Qualifier	Additional qualifier for the ID contained in AIR05.	AIR11

Appendix C – Data Fields by ASAP Version

Segment	Recommended Fields to Capture	Data Field Reference	Available Fields			
			ASAP v3.0	ASAP v4.0	ASAP v4.1	ASAP v4.2
Pharmacy Header Segment	National Provider Identifier (NPI)	PHA01	X	X	X	X
	NCPDP/NABP Provider ID	PHA02	X	X	X	X
	DEA Number	PHA03	X	X	X	X
	Phone Number	PHA10	X	X	X	X
Patient Information Segment	ID Qualifier of Patient Identifier	PAT01		X	X	X
	ID Qualifier	PAT02		X	X	X
	ID of Patient	PAT03		X	X	X
	Last Name	*PAT07	X	X	X	X
	First Name	*PAT08	X	X	X	X
	Middle Name	PAT09	X	X	X	X
	Name Suffix	PAT11	X	X	X	X
	Address Information – 1	*PAT12	X	X	X	X
	City Address	*PAT14	X	X	X	X
	ZIP Code Address	*PAT16	X	X	X	X
	Phone Number	PAT17	X	X	X	X
	Date of Birth	*PAT18	X (PAT 19)	X	X	X
	Gender Code	PAT19	X (PAT 20)	X	X	X
	Species Code	PAT20		X	X	X
Name of Animal	PAT23			X	X	
Dispensing Record Segment	Reporting Status	*DSP01		X	X	X
	Prescription Number	*DSP02	X (DSP03)	X	X	X
	Date Written	*DSP03	X (RX08)	X	X	X
	Refills Authorized	*DSP04	X (RX20)	X	X	X
	Date Filled	*DSP05	X (DSP09)	X	X	X
	Refill Number	*DSP06	X (DSP04)	X	X	X
	Product ID Qualifier	*DSP07	X (DSP11)	X	X	X
	Product ID	*DSP08	X (DSP12)	X	X	X
	Quantity Dispensed	*DSP09	X (DSP14)	X	X	X
	Days Supply	*DSP10	X (DSP15)	X	X	X
	Transmission Form of Rx Origin Code	DSP12	X (RX25)	X	X	X
	Partial Fill Indicator	DSP13	X (DSP32)	X	X	X
	Pharmacist State License Number	DSP15		X	X	X
	Classification Code for Payment Type	DSP16		X	X	X
Date Sold	DSP17			X	X	

Appendix C – Data Fields by ASAP Version (continued)

Segment	Recommended Fields to Capture	Data Field Reference	Available Fields			
			ASAP v3.0	ASAP v4.0	ASAP v4.1	ASAP v4.2
Prescription Information Segment	National Provider Identifier (NPI)	PRE01	X (PRE03)	X	X	X
	DEA Number	*PRE02	X (PRE04)	X	X	X
	DEA Number Suffix	PRE03	X (PRE05)	X	X	X
	Phone Number	PRE08	X (PRE18)			X
Additional Information Reporting Segment	ID Issuing Jurisdiction	AIR03		X	X	X
	ID Qualifier of Person Dropping Off or Picking Up Rx	AIR04	X (CSR03)	X	X	X
	ID of Person Dropping Off or Picking Up Rx	AIR05	X (CSR04)	X	X	X
	Relationship of Person Dropping Off or Picking Up Rx	AIR06		X	X	X
	Last Name of Person Dropping Off or Picking Up Rx	AIR07	X (CSR06)	X	X	X
	First Name of Person Dropping Off or Picking Up Rx	AIR08	X (CSR07)	X	X	X
	Dropping Off/Picking Up Identified Qualifier	AIR11				X

* Required data fields

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