

Program

Rhode Island PDMP

Contact

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Title: PDMP Administrator

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Frequency of Reporting

Within 24 hours of dispensing

Is Zero-Fill Reporting Required?

Yes

Required Information

Owner last Name	Owner ID
Owner First Name	Owner ID State
Owner Address	Species Code
Owner City	Animal Name
Owner State	Patient ID
Owner Zip	NOC
Owner Country	Qty Dispensed
Owner Phone	Rx Number
Owner DOB	DOS
Owner Gender	Days Supply

*Please note that CubexPMP utilizes the NDC for all the drug information that is required by the state

**CubexPMP uses the unique transaction number as the prescription number (Rx Number)