



Prescription Drug Monitoring Program Training and Technical Assistance Center

Arizona

PDMP name: CSPMP

Agency Responsible: Arizona State Board of Pharmacy

Agency Type: Pharmacy Board

PDMP Website: <https://pharmacypmp.az.gov/>

PDMP Email:

PDMP region: West

Contact Information

Dodge, Elizabeth - Program Director

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Office:

Fax:

Email:

Statistics

Statistics Year: 2015

State population: 6,828,065

DEA Registered Prescribers: 23,060

DEA Registered Dispensers: 1,217

Technological Capabilities

ASAP Versions Accepted

☐ ASAP 1995

☐ ASAP 1997

☐ ASAP 3/2005

☐ ASAP 4/2007

☐ ASAP 4-1/2010

☒ ASAP 4-2/2011

Data Transmission Methods Allowed

☐ Electronic data transmissio

☐ Fax data transmission

☐ Other

☐ Mail data transmission

☐ Media data transmission

Required Data Transmitters

☒ Pharmacy in-state

☐ Veterinarian

☒ Pharmacy out-state/mail order

☒ Veterans Administration

☒ Pharmacy out-state other

☒ Indian Health Services

☒ Dispensing doctor

Other:

Data Collection, Storage, Generation and Access

Data Collection Entity: Vendor

Vendor name: Appriss

Data Storage Entity: Vendor

Vendor name: Appriss

Report Generation Entity: Vendor

Vendor name: Appriss

Data Access Entity: Vendor

Vendor name: Appriss

Data Access Method: Web Portal/On-Line

Data Sharing

- ☒ PMPi Hub
☐ RxCheck Hub
☐ HIE method
- List of states involved in sharing:
CO, CT, ID, IL, IN, KS, MI, MN, MS, NV, NM, ND, SC, SD, UT, VA, WV, WI

Data Access

- ☒ via Health Information Exchange
☐ via Electronic Health Record
☐ via Pharmacy Dispensing System

Patient Matching

- ☒ Exact Match
☐ Probabilistic Match
☒ Probabilistic/Manual Match
☐ Other Match for queries

Policies and Procedures

Controlled Schedules Monitored

- ☒ Schedule II monitored
☒ Schedule III monitored
☒ Schedule IV monitored
☐ Schedule V monitored

Other Substances Monitored

- ☐ Monitor other authority
☐ Remove from Monitoring

Data Collection and Pertinent Dates

Legislation enacted: 09-19-2007 PDMP operational: 10-01-2008
Collection frequency: 1 Require zero-reporting? ☐ Zero-reporting frequency:

Relevant Statutes and Rules

Law/Rule Website: <https://pharmacy.az.gov/revised-statutes>
Law/Statute citation: AZ Rev Statute §§36-2601 to 2611; §32-1907; §23-1026; §23-1062.02
Regulation/Rule citation: AZ Admin Code R4-23-501 to 505; R9-17-202; R9-17-204
Dr Shopper law/statute:
Pill Mill law/statute:
Pain Clinic law/statute:
Disclosure law/statute: AZ Rev Statute §36-2610(D)

Data Retention

Data Retention Time:

- ☐ Data Retention Policy ☐ Prescriber Information Purged ☐ Patient Information Purged ☐ Retain De-Identified Data
☐ All Information Purged ☐ Dispenser Information Purged ☐ Drug Information Purged

Select Data Fields Available

- ☒ Payment method captured
☐ Patient Identification captured
☐ Person dropping off captured
☐ Person picking up captured
☐ Ability to id prescriber specialty

Miscellaneous Capabilities and Policies

- ☒ Authority to release de-identified data
☒ Ability to de-identified data
☒ Authority to release for epidemiological or educational purposes
☒ Engaged in release for epidemiological or educational purposes
☐ Required Notification to consumers
☒ Mandated Use of Advisory Group
☐ Patient Access to Query List
☐ Collection of naloxone prescriptions

PDMP Required Enrollment and Patient Query

- ☒ Required Enrollment - Prescriber ☒ Required Enrollment - Dispenser
- ☒ Required Patient Query - Prescriber ☐ Required Patient Query - Dispenser

Prior to prescribing an opioid analgesic or benzodiazepines listed in Sch. II – IV, practitioners shall query the PDMP at the beginning of each new course of treatment and at least quarterly while the substance remains part of the treatment, except if patient is receiving hospice care, care for cancer or cancer-related illness, direct administration to patient, the patient is receiving inpatient or residential treatment in a hospital, nursing care facility, or mental health facility, or the practitioner is a dentist and is prescribing the substance for no more than a 5-day supply following oral surgery; amends worker's compensation statute to require physicians to request PMP information within two (2) business days of writing or dispensing prescriptions for at least a 30 day supply of an opioid and report the results to the work comp carrier, self-insured employer, or commission

PDMP Requestor Training

Training Website:

Available Training

- ☒ Prescriber ☐ Attorney General
☒ Dispenser ☐ Patient
☒ Law Enforcement ☐ Research
☒ Regulatory Board

Training Required Before PDMP Use

- ☐ Prescriber ☐ Attorney General
☐ Dispenser ☐ Patient
☐ Law Enforcement ☐ Researcher
☐ Regulatory Board ☐ Other

Obtaining PDMP Account

Automatic PDMP Enrollment with License Application or Renewal? ☐

Prescriber: Must hold a license in a State; need to provide DEA Number and license number. Must complete training prior to access to PDMP

Dispenser: Must complete training prior to access to PDMP

PDMP Available Reports

Available Reports to Selected Requestors

- | | |
|--|--|
| <input checked="" type="checkbox"/> Prescriber Access to Patient History | <input checked="" type="checkbox"/> Licensing Board Access to Patient History |
| <input checked="" type="checkbox"/> Prescriber Access to Own History | <input checked="" type="checkbox"/> Licensing Board Access to Licensee History |
| <input checked="" type="checkbox"/> Dispenser Access to Patient History | <input checked="" type="checkbox"/> Law Enforcement Access to Patient History |
| <input type="checkbox"/> Dispenser Access to Own History | <input checked="" type="checkbox"/> Law Enforcement Access to Prescriber History |
| | <input checked="" type="checkbox"/> Law Enforcement Access to Dispenser History |

Requestors and Reports Authorized to Generate

<u>Requestor Type</u>	<u>Solicited Reports</u>		<u>Unsolicited Reports</u>	
	<u>In-State</u>	<u>Out-of-State</u>	<u>In-State</u>	<u>Out-of-State</u>
Prescriber	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispenser/Business (i.e., pharmacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser/Person (i.e., pharmacist)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Midlevel - Physician Assistant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Midlevel - Nurse Practitioner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (licensed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (licensed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (unlicensed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (unlicensed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Federal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - State	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Local	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prosecutorial Authority	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Correctional Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical Examiner/Coroner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensing/Regulatory Board	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
State Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Fraud and Abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medicaid Drug Utilization and Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Review Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Treatment Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-party Payer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Researchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other PDMP		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Requestors and Reports Being Generated

<u>Requestor Type</u>	<u>Solicited Reports</u>		<u>Unsolicited Reports</u>	
	<u>In-State</u>	<u>Out-of-State</u>	<u>In-State</u>	<u>Out-of-State</u>
Prescriber	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispenser/Business (i.e., pharmacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser/Person (i.e., pharmacist)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midlevel - Physician Assistant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Midlevel - Nurse Practitioner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (licensed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (licensed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (unlicensed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (unlicensed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Federal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - State	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Local	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prosecutorial Authority	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Correctional Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical Examiner/Coroner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensing/Regulatory Board	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
State Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Fraud and Abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medicaid Drug Utilization and Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Review Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Treatment Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-party Payer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Researchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other PDMP		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Patient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Law Enforcement - Local	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prosecutorial Authority	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Correctional Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical Examiner/Coroner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensing/Regulatory Board	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
State Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Fraud and Abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medicaid Drug Utilization and Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Review Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Treatment Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-party Payer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Researchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other PDMP		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Weblink for Statistics:

State population: 6,731,484

Registrant Statistics

Statistics Year: 2014

Registrant Totals from State

Prescriber:

MD:

DDS:

DVM:

DO:

DPM:

Mid-level nurse:

Mid-level physician:

Other:

Dispenser:

Retail:

Mail Order/On-Line:

Hospital/Institutional:

Clinic:

Pharmacist:

Registrant Totals from DEA

Prescriber:

30,011

MD:

DDS:

DVM:

DO:

DPM:

Mid-level nurse:

Mid-level physician:

Other:

Dispenser:

1,176

Retail:

Mail Order/On-Line:

Hospital/Institutional:

Clinic:

Prescription Statistics

Statistics Year: 2009

Number of Prescriptions

Prescription total 5,670,570

Schedule II:

Schedule III:

Schedule IV:

Schedule V:

Stimulants:

Tranquilizers:

Sedatives:

Narcotics:

Number of Dosage Units

Dosage Unit total

Schedule II:

Schedule III:

Schedule IV:

Schedule V:

Stimulants:

Tranquilizers:

Sedatives:

Narcotics:

PDMP Reports Statistics

Statistics Year: 2009

Prescriber History (Solicited)

Total:

Requested by prescriber:
Requested by regulatory:
Requested by law enforcement:
Requested by other:

Prescriber History (Unsolicited)

Total:

Sent to prescriber:
Sent by regulatory:
Sent to law enforcement:
Sent to other:

Dispenser History (Solicited)

Total:

Requested by dispenser:
Requested by regulatory:
Requested by law enforcement:
Requested by other:

Dispenser History (Unsolicited)

Total:

Sent to dispenser:
Sent to regulatory:
Sent to law enforcement:
Sent to other:

Patient History (Solicited)

Total:

1,138

Requested by prescriber: 39,854
Requested by dispenser: 8,623
Requested by regulatory:
Requested by law enforcement: 431
Requested by patient:
Requested by other:

Patient History (Unsolicited)

Total:

Sent to prescriber:
Sent to dispenser:
Sent to regulatory:
Sent to law enforcement: 2
Sent to patient:
Sent to other:

Unique Requesters (Solicited)

Total:

Prescribers:
Dispensers:
Patients:
Regulatory:
Law enforcement:
Other:

Unique Recipients (Unsolicited)

Total:

Prescribers:
Dispensers:
Patients:
Regulatory:
Law enforcement:
Other:

Statistical Report

Total:

Requested by prescriber:
Requested by dispenser:
Requested by regulatory:
Requested by law enforcement:
Requested by patient:
Requested by other: