

## Delaware

PDMP name: Delaware PMP  
 Agency Responsible: Division of Professional Regulation, Office of Controlled Substances  
 Agency Type: Professional Licensing Agency  
 PDMP Website: <http://dpr.delaware.gov/boards/controlledsubstances/pmp/default.shtml>  
 PDMP Email: PDMP region: East

### Contact Information

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### Statistics

Statistics Year: 2015	DEA Registered Prescribers: 3,909
State population: 945,934	DEA Registered Dispensers: 228

### Technological Capabilities

#### ASAP Versions Accepted

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> ASAP 1995   | <input type="checkbox"/> ASAP 4/2007              |
| <input type="checkbox"/> ASAP 1997   | <input type="checkbox"/> ASAP 4-1/2010            |
| <input type="checkbox"/> ASAP 3/2005 | <input checked="" type="checkbox"/> ASAP 4-2/2011 |

#### Data Transmission Methods Allowed

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Electronic data transmission | <input checked="" type="checkbox"/> Mail data transmission |
| <input type="checkbox"/> Fax data transmission                   | <input type="checkbox"/> Media data transmission           |
| <input type="checkbox"/> Other                                   |  |

#### Required Data Transmitters

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> Pharmacy in-state | <input checked="" type="checkbox"/> Pharmacy out-state/mail order | <input type="checkbox"/> Pharmacy out-state other | <input checked="" type="checkbox"/> Dispensing doctor |
| <input type="checkbox"/> Veterinarian                 | <input type="checkbox"/> Veterans Administration                  | <input type="checkbox"/> Indian Health Services   |   |
- Other:

#### Data Collection, Storage, Generation and Access

Data Collection Entity: Vendor	Vendor name: Health Information Designs, Inc. (HID)
Data Storage Entity: Vendor	Vendor name: Health Information Designs, Inc. (HID)
Report Generation Entity: Vendor	Vendor name: Health Information Designs, Inc. (HID)
Data Access Entity: Vendor	Vendor name: Health Information Designs, Inc. (HID)
Data Access Method: Web Portal/On-Line	

### Data Sharing

- ☒ PMPi Hub  
☐ RxCheck Hub  
☐ HIE method
- List of states involved in sharing:  
[CO, CT, IN, MN, NJ, ND, SC, VA](#)

### 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: [07-15-2010](#) PDMP operational: [03-01-2012](#)  
Collection frequency: [1](#) Require zero-reporting? ☐ Zero-reporting frequency:

### Relevant Statutes and Rules

Law/Rule Website: <http://delcode.delaware.gov/title16/c047/sc07/index.shtml>  
Law/Statute citation: [DE Code Title 16 §4798](#)  
Regulation/Rule citation:  
Dr Shopper law/statute:  
Pill Mill law/statute:  
Pain Clinic law/statute:  
Disclosure law/statute: [DE Code Title 16 §4798](#)

### 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

When a prescriber/dispenser has a reasonable belief that a patient may be seeking a controlled substance for any reason other than the treatment of an existing medical condition, the prescriber/dispenser shall obtain a patient utilization report regarding the patient for the preceding 12 months from the Prescription Monitoring Program before issuing/dispensing the prescription. Prior to prescribing an extended-release hydrocodone lacking abuse-deterrent formula, a practitioner must query the PMP and review other prescriptions and for any amount greater than 40mg a day, must query the PMP no less frequently than once every 120 days for as long as the patient possesses a valid prescription for that amount.

### PDMP Requestor Training

Training Website:

#### Available Training

- |   |   |
|---|---|
| <input type="checkbox"/> Prescriber       | <input type="checkbox"/> Attorney General |
| <input type="checkbox"/> Dispenser        | <input type="checkbox"/> Patient          |
| <input type="checkbox"/> Law Enforcement  | <input type="checkbox"/> Research         |
| <input type="checkbox"/> Regulatory Board |   |

#### Training Required Before PDMP Use

- |   |   |
|---|---|
| <input type="checkbox"/> Prescriber       | <input type="checkbox"/> Attorney General |
| <input type="checkbox"/> Dispenser        | <input type="checkbox"/> Patient          |
| <input type="checkbox"/> Law Enforcement  | <input type="checkbox"/> Researcher       |
| <input type="checkbox"/> Regulatory Board | <input type="checkbox"/> Other            |

### Obtaining PDMP Account

Automatic PDMP Enrollment with License Application or Renewal? ☐

Prescriber: Must have Delaware state license; once PMP connected to PMPi, then other states' users can have access. ...)? The registrant needs to provide their Delaware State license number, DEA number (if applicable), First and Last name, Social Security number and Date of Birth.

Dispenser:

### 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 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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (licensed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Correctional Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other PDMP		<input checked="" 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 checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctional Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input 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 checked="" 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 checked="" 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 checked="" 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"/>