



Law Enforcement Tip Sheet

Report Requests in the PMP

Tips on requesting reports in the AwaRx E controlled substances prescription monitoring program

Timeframe Limitation for All Report Types

Arizona's PMP reports are limited to April 2008 through the present.

If you receive "No results" for a request you *know* should have a result

If you receive no result on any report and you know there should be one, call or email

pmp@azpharmacy.gov, Attn: Elizabeth or Kim

Patient PMP Request

For the controlled substance prescriptions of a specific patient:

1. Input the request into the CSPMP online at <https://arizona.pmpaware.net>.
 - a. Click on RxSearch->Patient Request
 - b. If your patient has more than one name (aka), all of the names should be included in one email request, but each name has to be entered as a separate query in <https://arizona.pmpaware.net>.
For example:
 - i. Different or alternate spellings of the same name – John Smith aka Jon Smyth or Mellisa Jones aka Melissa Jones
 - ii. Maiden v. married names – Jane Doe aka Jane Smith
 - iii. Known nicknames – Cyndi Doe aka Cynthia Doe
 - iv. You may get better results using a partial name search, rather than a whole name; for the above example, a partial first name "Cyn" would find both Cyndi and Cynthia. Remember to check the Partial Search box.
 - c. The patient report date range search is by date filled by a pharmacy, not the date the prescription was written. Depending on the controlled substance, patients have anywhere from 90 days to 6 months from the written date to fill a prescription.
2. Email an affidavit, preferably on letterhead, to pmp@azpharmacy.gov. An affidavit example is on the last page.

Prescriber PMP Request

For the controlled substance prescriptions filled by pharmacies as prescribed by a specific prescriber:

1. Input the request into the CSPMP online at <https://arizona.pmpaware.net>.
 - a. Click on Insight->New Reports->Prescriber Activity Request
 - b. Having a prescriber's DEA number is always best, but if you don't have one and must search by name, you may get better results using a partial name search on the first name. For example "Rob" instead of "Robert". Remember to check the Partial Search box.
 - c. Keep in mind, the prescriber report date range search is by written date, not fill date. Depending on the controlled substance, patients have anywhere from 90 days to 6 months from the written date to fill a prescription.
2. Email an affidavit, preferably on letterhead, to pmp@azpharmacy.gov. An affidavit example is on the last page.

Prescriber Request for One Specific Patient

For the controlled substance prescriptions filled by pharmacies as prescribed by a specific prescriber for a specific patient:

1. Input the request into the CSPMP online at <https://arizona.pmpaware.net>.

- a. Click on Insight->New Reports->Prescriber Activity Request
- b. See **Prescriber PMP Request** number 1.a. and 1.b. above.
2. In addition to the required information for the prescriber, under "Patient" enter the patient's First Name, Last Name and DOB (Date of Birth).
3. Email an affidavit, preferably on letterhead, to pmp@azpharmacy.gov. An affidavit example is below.

Pharmacy PMP Request

For the controlled substance prescriptions dispensed by pharmacies:

1. Input the request into the CSPMP online at <https://arizona.pmpaware.net>.
 - a. Click on Insight->New Reports->Dispenser Activity Request
2. Email an affidavit, preferably on letterhead, to pmp@azpharmacy.gov. An affidavit example is below.

Affidavit Example

<LETTERHEAD>

State of Arizona
(Name of County)

1. I, (Name), am a (Title) with the (Name of Agency). I am over the age of eighteen.
2. The (Name of Agency) is conducting an investigation involving (Name/s of Suspect) and DOB is (_____).
3. Time-frame for search: (Month/Date/Year) to (Month/Date/Year)
4. In accordance with Arizona Revised Statute § 36-2604(C)(4) and Arizona Administrative Rules R4-23-503(C)(4), the information requested is pursuant to an open complaint or investigation.
5. All information, including names, addresses, and other identifying information, presented in the request only relate to the subject being investigated.

(Printed Name)
(Title)
(Agency Name)
(Phone number)

Signature

Subscribed and sworn to before me in the County of _____, State of _____, this ____ day of _____, 20__.

<Notary Public Seal>

NOTARY PUBLIC