



Maryland Prescription Drug Monitoring Program (PDMP) Prescriber Self Data Request

Background

The Maryland Prescription Drug Monitoring Program (PDMP) was created by law (Health-General Article, Section 21-2A) to assist healthcare providers and public health and safety authorities with reducing the misuse, abuse and diversion of prescription drugs. The PDMP collects information on prescription drugs that contain controlled dangerous substances and are dispensed to patients in the State. Dispensers, including pharmacies and healthcare practitioners, are required to electronically report data about the drug, patient, prescriber and dispenser within 24 hours of dispensing. This data is securely stored and made available, by request, only to persons and entities specifically authorized by law to access PDMP data. The PDMP is administered by the Department of Health (MDH). For more information on the PDMP, visit the website: www.MarylandPDMP.org

Code of Maryland Regulations (COMAR) 10.47.07.05B(2) allows a prescriber to request of the Program a report containing PDMP records attributed to the prescriber. A prescriber is defined as a licensed health care professional authorized by law to prescribe CDS. In Maryland, this includes physicians, dentists, podiatrists, nurse practitioners, and physician assistants.

If you are requesting a PDMP data report for the DEA number under which you registered in Chesapeake Regional Information for our Patients (CRISP), then you can access that information directly from CRISP through the ‘DEA Self-Audit’ tab within the Unified Landing Page (ULP): www.crisphealth.org. There is no need to fill out and submit the below form.

To receive a PDMP data report for multiple DEA numbers, including your X-DEA number: the PDMP Office requires that a prescriber complete and submit the Maryland PDMP Prescriber Self Data Request Form, including all DEA numbers under which you would like the search conducted. Also, please provide a copy of a valid State or federal government- issued photo identification card, your current Maryland health profession license and CDS permit. An individual prescriber can only request his or her own data report.

Important Information about PDMP Data Reports:

- **Drugs Included:** The PDMP only collects information on prescription drugs that contain Schedules II-V controlled dangerous substances as defined in Criminal Law Article, Title 5, Subtitle 4, Annotated Code of Maryland. Prescriptions dispensed from an opioid treatment program (e.g. “methadone clinic”) will not be included. The following are also exempt from reporting to the PDMP and therefore will not be included in the data report: direct administrations, drug samples, prescriptions dispensed from pharmacies exclusively serving hospital inpatients, pharmacies who have attested that they have waiver status from the Board of Pharmacy for serving exclusively assisted living, comprehensive care, and developmental disabilities facilities, prescriptions dispensed in a veterinarian clinic.
- **Dispensing Location:** Only drugs dispensed in or into Maryland are required to be reported to the PDMP. The report will not include drugs dispensed in other states, regardless of the location of the prescriber.
- **Selection of Prescription Records:** Only prescription records that include an exact match on the prescriber’s first name, last name, and DEA number will be included in the data report.
- **Data Accuracy & Comprehensiveness:** Although efforts are made to ensure accuracy, PDMP data may contain errors or omissions. PDMP data are not the official record of dispensing; only the original prescription can serve as the official record. Also, the dispenser reporting requirement went into effect on August 20, 2013. Data may not be available for prescriptions dispensed prior to that date.
- **Data Confidentiality:** Prescription monitoring data are confidential and privileged, and not subject to discovery, subpoena, or other means of legal compulsion in civil litigation, and are not public records.

To receive an audit trail of your PDMP searches in CRISP’s Unified Landing Page (ULP) or through the CRISP app in your EHR integration: the PDMP Office requires that a prescriber complete and submit the Maryland PDMP Prescriber Self Data Request Form, including all DEA numbers under which you would like the search conducted. Also, please provide a copy of a valid State or federal government- issued photo identification card, your current Maryland health profession license and CDS permit. An individual prescriber can only request his or her own data report.

Important Information about PDMP Audit Trail Reports:

This report contains a log of all PDMP data access by a clinical user under their individual CRISP account or through an approved PDMP integration within their workflow. Clinical users (prescribers, pharmacists, and delegates) can query (search for) PDMP data related to a patient through CRISP products. There are multiple 'applications' or user interfaces hosted by CRISP where a clinician query may occur depending on the type of access a User may have at any given point in time. Here is a listing of access points included in this report:

- Mirth (CRISP’s former Unified Landing Page Query Portal)
- ULP (CRISP’s Unified Landing Page Query Portal)
- InContext (Queries performed through data integrations into electronic health records,

- through CRISP's InContext app, or an approved third-party PDMP vendor)
- Access points NOT included in this report: Facilities or 3rd party vendors who entered into a data ingestion agreement are solely responsible to provide their own audit history of PDMP queries.

This report does NOT include delegate access on the behalf of a clinical user UNLESS explicitly requested.

There is a data gap in the audit history for Mirth portal query data beginning in December 2017 through mid-May 2018. Most users were transitioned to the ULP portal by that time, so the impact of this gap is primarily queries through hospital EHRs using single-sign-on access.

All searches through Mirth and ULP are made using a First Name, Last Name, and Date of Birth. InContext searches may use either patient medical record number or demographics.

A record exists when a query was successfully made, regardless of whether data was returned (i.e. a provider can search for a patient in the system and be shown either PDMP prescription data or be told that no data exists for the searched patient demographics; both of these situations would be logged as a successful query).

Instructions

If you are a prescriber requesting your own data, complete all applicable fields and sign the attached form. Once complete, you must have the request authenticated and delivered to the PDMP Office using one of the following methods:

1. Have the form notarized by a commissioned notary public and mail the form, including a valid State or federal government- issued photo identification card, copies of your current Maryland health professions license and CDS permit, to
**Prescription Drug Monitoring Program, c/o Tryphena Barnes
Vocational Rehab Bldg
55 Wade Avenue
Catonsville, Maryland 21228**
2. Appear in person at the PDMP Office with a completed form, a valid State or federal government- issued photo identification card and copies of your current Maryland health professions license and CDS permit. **To ensure that PDMP staff is available to process your request, please call 410-402-8686 or email mdh.pdmp@maryland.gov to schedule an appointment. We do not accept walk-ins.**

Maryland Prescription Drug Monitoring Program (PDMP)

Prescriber Self Data Request Form

(Request is not considered completed unless Maryland License and CDS Permit are attached with this form)

Last Name		First Name		Suffix
Date of Birth (MM/DD/YYYY)	Sex	Phone Number	Email Address	
DEA Numbers to search:				

Practicing Address 1

Address					
City		State		Zip Code	

Practicing Address 2 (if applicable – if you have more than 2 practice addresses, please attach a separate sheet)

Address					
City		State		Zip Code	

Dispense Start Date (MM/DD/YYYY, or 'start of PDMP records')		Dispense End Date (MM/DD/YYYY)	
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Audit Trail Start Date, if applicable (MM/DD/YYYY)		Audit Trail End Date, if applicable (MM/DD/YYYY)	
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Signature of Requesting Prescriber

Date

STATE OF MARYLAND, COUNTY/CITY OF _____:

I hereby certify that on this _____ day of _____, _____ (year), before me, a Notary Public of the State of Maryland and County/City aforesaid, personally appeared

_____ and made an oath in due form that the information contained in the foregoing "Maryland PDMP Prescriber Data Request Form" is true and correct.

Notary Public

My commission expires: _____