

## CONTROLLED SUBSTANCE PRESCRIBING RECOMMENDATIONS

April 18, 2011  
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Dear Care1st and ONECare Practitioners and Office Staff:

Based on discussions held during our Pharmacy and Therapeutics Committee Care1st and ONECare recommend that you:

1. Register for the Controlled Substances Prescription Monitoring Program (CSPMP) offered by the Arizona State Board of Pharmacy if you are prescribing controlled substances to Care1st and ONECare members.

The CSPMP provides a listing of all controlled substance prescriptions filled regardless of the payment method (cash or third party payor).

2. Query the CSPMP prior to writing a prescription for a controlled substance.
3. Perform drug testing every 2 months and/or randomly as indicated for long term pain management patients.

Registration forms are attached and may also be accessed via the Arizona State Board of Pharmacy website:

[http://www.azpharmacy.gov/CS-Rx\\_Monitoring/default.asp](http://www.azpharmacy.gov/CS-Rx_Monitoring/default.asp)

If you have any questions regarding this change, please contact the Pharmacy Department at 602.778.1800 (Options in order: 5, 5).

*Thank you!*



**ARIZONA STATE BOARD OF PHARMACY**  
 1700 W. Washington Street, Suite 250, Phoenix, AZ 85007 / VOICE (602) 771-2727; FAX (602) 771-2749  
 www.azpharmacy.gov

**PRESCRIBER / DISPENSER DATABASE ACCESS REQUEST FORM**

New                       Update                       Terminate

*Please print or type, and use full name ( first, middle initial, last, suffix ( Jr., Sr., II, III, etc. ) )*

Full Name: _____	
SSN: _____	DOB: _____
Professional Title	
<input type="checkbox"/> RPH	<input type="checkbox"/> MD
<input type="checkbox"/> NP	<input type="checkbox"/> PA
<input type="checkbox"/> DO	<input type="checkbox"/> OD
<input type="checkbox"/> DDS	<input type="checkbox"/> ND
<input type="checkbox"/> DMD	<input type="checkbox"/> NMD
<input type="checkbox"/> DPM	<input type="checkbox"/> DVM
<input type="checkbox"/> HMD	
State Board License Number / Expiration Date _____	DEA Number / Expiration Date _____
Email Address: _____	
Facility Name: _____	
Facility Address: _____	
City / County: _____	State / Zip Code: _____
Phone Number: _____	Fax Number: _____
<b>Proposed Password:</b> _____ ( Must contain at least 8 characters: at least 1 capital letter, 1 lowercase letter, and 1 number. Must NOT contain dictionary words or names. View Access Procedures for assistance. )	

Prescriber / Dispenser's Signature: \_\_\_\_\_

Subscribed and sworn to before me in the County of \_\_\_\_\_, State of \_\_\_\_\_  
 this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC

Notary Public Seal                      My Commission expires: \_\_\_\_\_

Pursuant to A.R.S. § 36-2610, a person who is granted access to information from the program and who knowingly discloses the information in a manner inconsistent with a legitimate professional of regulatory purpose, a legitimate law enforcement purpose, the terms of a court order or as otherwise expressly authorized by A.R.S. Title 36, Chapter 28 is guilty of a class 6 felony.

- Mail the following items to the ASBP Controlled Substances Prescription Monitoring Program:
- \* Notarized Database Access Form
  - \* Signed Copy of Privacy Statement
  - \* Copies of Current AZ Board License, DEA Registration, and Driver's License



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## **PRIVACY STATEMENT**

### **Statutory Authority:**

Section 2602 of Arizona Revised Statutes Title 36, Chapter 28, the Arizona Controlled Substances Prescription Monitoring Program Act, requires the Arizona State Board of Pharmacy (ASBP) to establish a computerized central database tracking system to track the prescribing, dispensing, and consumption of Schedule II, III, and IV controlled substances dispensed by a medical practitioner or by a pharmacy. The purpose of the program is to improve the State's ability to identify controlled substances abusers or misusers and refer them for treatment, and to identify and stop diversion of controlled substances in an efficient and cost effective manner that will not impede the appropriate medical utilization of licit controlled substances.

### **Access to Information:**

A.R.S. § 36-2604 (C) (1) authorizes ASBP to release data from the Controlled Substances Prescription Monitoring Program (CSPMP) to persons authorized to prescribe or dispense controlled substances for the purpose of providing medical or pharmaceutical care to a patient or to evaluate a patient.

A.R.S. § 36-2604 (C) (3), (4), and (5) authorizes ASBP to release data from the CSPMP to a professional licensing board, a local, state, or federal law enforcement agency or criminal justice agency, and the Arizona Health Care Cost Containment System (AHCCCS) Administration, after receiving a written request that states that the information is necessary for an open investigation or complaint.

### **Unlawful Disclosure:**

Any person who is granted access to the information in the CSPMP database and who knowingly discloses the information in a manner inconsistent with a legitimate professional or regulatory purpose, a legitimate law enforcement purpose, the terms of a court order, or as otherwise expressly authorized by A.R.S. Title 36, Chapter 28 is guilty of a Class 6 felony.

I understand that inappropriate access or disclosure of this information is a violation of Arizona law and may result in disciplinary action by my licensing board and/or revocation of database access privileges.

### **Account Agreement:**

By signing this agreement I hereby agree to follow the security and password policies of the Controlled Substances Prescription Monitoring Program. I agree to not disclose nor misrepresent any data or protected health information to any unauthorized person or party. I agree that I will not share my account information, login name, or password with anyone, even if they are authorized users of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_