



Delaware

PDMP acronym: [Delaware PMP](#) Region: [East](#)
 Agency Responsible: [Division of Professional Regulation, Office of Controlled Substances](#)
 Agency Type: [Professional Licensing Agency](#)

PDMP Web Resources/Links

PDMP Website: <https://dpr.delaware.gov/boards/pmp/>
 PDMP Email: customerservice.dpr@delaware.gov
 PDMP Register Website: <http://dpr.delaware.gov/boards/controlledsubstances/pmp/default.shtml>
 User Account Manual: https://bamboohealth.com/wp-content/uploads/2023/01/DE-Requestor-User-Support-Manual_v3.0_Dec.pdf
 PDMP Query Website: <https://depdm-phy.hidinc.com/>
 PDMP Data Upload Website:
 Data Upload Manual: https://go.bamboohealth.com/rs/228-ZPQ-393/images/DE-Data_SubmissionDispenserGuide_v2.2.pdf
 Statute/Regulation Website: <https://delcode.delaware.gov/title16/c047/sc07/>
 Opioid Guidelines Website:
 PDMP FAQs: <https://dpr.delaware.gov/boards/pmp/faqs/>
 Integration Guidance: <https://dpr.delaware.gov/boards/pmp/pmp-integration-initiative/>
 PDMP Statistics Website: <https://dpr.delaware.gov/boards/pmp/reports/>
 Opioid Dashboard Website: [http://www.delawarehealthtracker.com/index.php?module=indicators&controller=index&action=view&indicatorId=2370&localeId=10](http://www.delawarehealthtracker.com/index.php?module=indicators&controller=index&action=view&indicatorId=2370&localeId=10;); <https://www.cdhs.udel.edu/projects/domip>
 Training Website: https://go.bamboohealth.com/rs/228-ZPQ-393/images/updated_user_registration_tutorial.pdf

PDMP Contact Information

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State Population and Number of Registrants

State population: [1,031,985](#)

DEA Prescriber total: [6,878](#)

DEA Dispenser total: [209](#)

Data Transmitter(s)

[Department of Defense](#)

[Indian Health Services](#)

[Pharmacy \(Mail Order In-State\)](#)

[Tribal Pharmacy](#)

[Dispensing Practitioner](#)

[Pharmacy \(In-State\)](#)

[Pharmacy \(Mail Order Out of State\)](#)

[Veterans Administration](#)

Substances Monitored

[Drugs of Concern](#)

[Schedules II - V](#)

Alternate Data Sources

[Naloxone/Narcan Administrations](#)

[Overdoses - Non-fatal](#)

[Overdoses - Fatal](#)

Available Reports

[Data Dashboards](#)

[Geomapping of Prescription Data](#)

[Patient Query Lists to Law Enforcement](#)

[Patient Reports to Dispensers](#)

[Patient Reports to Licensing Boards](#)

[PDMP Evaluation Reports](#)

[Prescriber Reports to Law Enforcement](#)

[Registrant Query Lists to Licensing Boards](#)

[Drug Trend Reports](#)

[Licensee Reports to Licensing Board](#)

[Patient Query Lists to Licensing Boards](#)

[Patient Reports to Law Enforcement](#)

[Patient Reports to Prescribers](#)

[Prescriber Report Cards](#)

[Registrant Query Lists to Law Enforcement](#)

[Statewide Statistics](#)

Statistical Capabilities

Authorized PDMP Users

Dispenser Delegates - Licensed/Solicited In-State
Dispenser Delegates - Licensed/Unsolicited In-State
Dispenser Delegates - Unlicensed/Solicited In-State
Dispensers - Pharmacies/Solicited In-State
Dispensers - Pharmacies/Solicited Out-of-State
Dispensers - Pharmacies/Unsolicited In-State
Dispensers - Pharmacists/Solicited In-State
Dispensers - Pharmacists/Solicited Out-of-State
Dispensers - Pharmacists/Unsolicited In-State
Drug Treatment Providers/Solicited In-State
Law Enforcement - Federal/Solicited In-State
Law Enforcement - Federal/Solicited Out-of-State
Law Enforcement - Federal/Unsolicited In-State
Law Enforcement - Local/Solicited In-State
Law Enforcement - Local/Solicited Out-of-State
Law Enforcement - Local/Unsolicited In-State
Law Enforcement - State/Solicited In-State
Law Enforcement - State/Solicited Out-of-State
Law Enforcement - State/Unsolicited In-State
Medicaid Drug Utilization and Review/Solicited In-State
Medicaid Fraud and Abuse/Solicited In-State
Medicaid Fraud and Abuse/Unsolicited In-State
Medical Examiners and Coroners/Solicited In-State
Nurse Practitioners/Solicited In-State
Nurse Practitioners/Solicited Out-of-State
Nurse Practitioners/Unsolicited In-State
Patients/Solicited In-State
Physician Assistants/Solicited In-State
Physician Assistants/Solicited Out-of-State
Physician Assistants/Unsolicited In-State
Prescriber Delegates - Licensed/Solicited In-State
Prescriber Delegates - Licensed/Unsolicited In-State
Prescriber Delegates - Unlicensed/Solicited In-State
Prescribers/Solicited In-State
Prescribers/Solicited Out-of-State
Prescribers/Unsolicited In-State
Prosecutors/Solicited In-State
Prosecutors/Unsolicited In-State
Regulatory and Licensing Boards/Solicited In-State
Regulatory and Licensing Boards/Unsolicited In-State
Researchers/Solicited In-State
State Health Departments/Solicited In-State

Engaged PDMP Users

Dispenser Delegates - Licensed/Solicited In-State
Dispensers - Pharmacies/Solicited In-State
Dispensers - Pharmacies/Solicited Out-of-State
Dispensers - Pharmacists/Solicited In-State
Dispensers - Pharmacists/Solicited Out-of-State
Dispensers - Pharmacists/Unsolicited In-State
Drug Treatment Providers/Solicited In-State
Law Enforcement - Federal/Solicited In-State
Law Enforcement - Federal/Solicited Out-of-State
Law Enforcement - Federal/Unsolicited In-State
Law Enforcement - Local/Solicited In-State
Law Enforcement - Local/Solicited Out-of-State
Law Enforcement - Local/Unsolicited In-State
Law Enforcement - State/Solicited In-State
Law Enforcement - State/Solicited Out-of-State
Law Enforcement - State/Unsolicited In-State
Medicaid Drug Utilization and Review/Solicited In-State
Medicaid Fraud and Abuse/Solicited In-State
Medicaid Fraud and Abuse/Unsolicited In-State
Medical Examiners and Coroners/Solicited In-State
Nurse Practitioners/Solicited In-State
Nurse Practitioners/Solicited Out-of-State
Nurse Practitioners/Unsolicited In-State
Patients/Solicited In-State
Physician Assistants/Solicited In-State
Physician Assistants/Solicited Out-of-State
Physician Assistants/Unsolicited In-State
Prescriber Delegates - Licensed/Solicited In-State
Prescribers/Solicited In-State
Prescribers/Solicited Out-of-State
Prescribers/Unsolicited In-State
Prosecutors/Solicited In-State
Regulatory and Licensing Boards/Solicited In-State
Researchers/Solicited In-State

Budget

Total Annual Budget:

of Employees - Operational: 1
of Employees - Technical: 0
of Employees - Analytical: 1

PDMP Staff:**2**

of Employees - Other: 0

Funding Source(s)

CDC Grant
Other Funding

Controlled Substance Registration Fee

Technologies

Data Collection Entity: Vendor
Data Collection Vendor name: Bamboo Health
Data Storage Entity: Vendor
Data Storage Vendor name: Bamboo Health
Report Generation Entity: Vendor
Report Generation Vendor name: Bamboo Health
Data Access Method: Web Portal/On-Line
Data Access Entity: Vendor
Data Access Vendor name: Bamboo Health

☐ State HIE in place
☐ RxCheck Integration Allowed
☐ VHA VISTA integration
☐ HL7 FHIR connectivity
ASAP Version Utilized: 4.2

Patient Matching

☐ Referential Matching
☐ Deterministic Matching
☒ Manual Matching
☐ Other Matching

☐ Access to patient matching algorithms

Patient Matching Metrics Available:
Patient matching data elements:

☐ Exact Matching
☒ Probablistic Matching
☒ Probablistic and Manual Matching

Integration(s) Available

Interstate Data Sharing Partner(s)

Alabama	PMPi Hub
Arkansas	PMPi Hub
Colorado	PMPi Hub
Connecticut	PMPi Hub
District of Columbia	PMPi Hub
Florida	PMPi Hub
Georgia	PMPi Hub
Illinois	PMPi Hub
Indiana	PMPi Hub
Louisiana	PMPi Hub
Maine	PMPi Hub
Maryland	PMPi Hub
Massachusetts	PMPi Hub
Military Health Service	PMPi Hub
Minnesota	PMPi Hub
New Hampshire	PMPi Hub
New Jersey	PMPi Hub
New Mexico	RxCheck Hub
New York	PMPi Hub
North Carolina	PMPi Hub
North Dakota	PMPi Hub
Ohio	PMPi Hub
Pennsylvania	PMPi Hub
Rhode Island	PMPi Hub
South Carolina	PMPi Hub
Vermont	PMPi Hub
Virginia	PMPi Hub
West Virginia	PMPi Hub

PDMP Policies

Enabling legislation enacted: 2010

PDMP operational: 2012

User access date (any method): 2012

User electronic access date: 2012

Date received electronic data: 2012

Interstate sharing start date:

Law/Statute citation: [DE Code Title 16 §4798](#)

Regulation/Rule citation:

Dr Shopper law/statute: [DE Code 16 § 4757](#)

Pill Mill law/statute:

Pain Clinic law/statute:

Unauthorized Use or Disclosure: [DE Code Title 16 §4798](#)

Enacted 42 CFR Part 2:

42 CFR Part 2 Details:

- ☐ Required Notification to consumers
- ☒ Mandated Use of Advisory Group
- ☒ Payment method captured
- ☐ Ability to id prescriber specialty
- ☐ Patient consent required before PDMP data release
- ☐ Ability for users to set thresholds for alert notices
- ☐ Ability for users to do user-led alert notices
- ☒ Mandatory E-Prescribing (EPCS)
- ☒ Compliance Process for Enrollment Mandates
- ☒ Compliance Process for Query Mandate
- ☐ ICD-10 Codes Collected
- ☐ Deceased Patient Field
- ☐ Engaged in Academic Detailing
- ☐ Patient ID Required to be Presented to Dispenser
- ☒ Ability to de-id data
- ☒ Authority to release de-id data

De-identified data sharing conditions: [written agreement between researcher and PMP](#)

De-Identified Data Retention Details:

- ☐ Retain De-Identified Data

Record Retention Details:

- ☒ Patient Notification of Breach

Patient Breach Notification Method: [Other](#)

Patient Breach Notification Method Other: [Email, Mail, Telephone, \(See State definition of "notice"\)](#)

E-prescribing required substances:

E-prescribing exemptions/waivers:

Authority to enforce PDMP mandates: [Regulatory/Licensing Board](#)

Data collection frequency: [Daily or next business](#)

☐ Requirement for zero-reporting

Frequency of zero-reporting:

☐ Data Retention Policy

Data Retention Time:

- ☐ All Information Purged
- ☐ Patient Information Purged
- ☐ Prescriber Information Purged
- ☐ Dispenser Information Purged
- ☐ Drug Information Purged
- ☐ HIPAA Covered Entity
- ☒ Identifiable Data to State Health Dept
- ☐ Identifiable Data to local Health Dept
- ☐ Certified as CMS Specialized Registry
- ☐ PDMP Disaster Recovery Plan

ID Types Reported:

- ☒ Written Notification of Breach



Enrollment and Accounts

☐ Supervisor Review/audit of Delegate Accounts Number of Delegates allows:

☐ Auto Enroll with License Renewal or App

Enrollment Method:

Practitioner IDs for PDMP Account:

2 Factor Authentication:

Criteria for Dispensers to get account to upload data

Criteria for Prescriber delegates to get account:

Criteria for Dispenser delegates to get account:

Criteria for PAs to get account:

Criteria for Nurse Practitioners to get account:

Criteria for other users to get account:

Requirements for Patients to get PDMP Report:

Requirements for others to get PDMP Report

Criteria for Online Non-healthcare accounts:

PDMP Data for Epidemiological Purposes: [Authority to Release](#)

☐ Law Enforcement On-line access to PDMP

☒ Law Enforcement Written Request access to PDMP

Law Enforcement Access Method:

Law Enforcement Access Requirements: [Active Investigation](#)

☐ PDMP users validated with DEA Registration File

☐ PDMP Access without DEA Number

☐ PDMP users validated with NPI File

Validation Process for

☐ PDMP users validated with State Licensing Board File users without DEA #:

Enrollment Mandates

Prescriber - Mandatory PDMP Enrollment

Effective Date(s): January 1, 2014

Details:

A prescriber who holds a controlled substance registration issued pursuant to § 4732 of this title must be registered with the Prescription Monitoring Program. A prescriber who is issued a controlled substance registration for the first time shall register with the Prescription Monitoring Program within 90 days of issuance. Failure to comply with this subsection may result in disciplinary action pursuant to § 4735 of this title.

Use Mandates

Dispenser - Mandatory PDMP Use

Prescriber - Mandatory PDMP Use

Effective Date(s): legislation approved July 15, 2010, no effective date listed

Details:

A prescriber, or other person authorized by the prescriber, shall obtain, before writing a prescription for a controlled substance listed in Schedule II, III, IV or V for a patient, a patient utilization report regarding the patient for the preceding 12 months from the computerized program established by the Office of Controlled Substances when the prescriber has a reasonable belief that the patient may be seeking the controlled substance, in whole or in part, for any reason other than the treatment of an existing medical condition. The prescriber shall review the patient utilization report to assess whether the prescription for the controlled substance is necessary. Regulations: 9.5First time, outpatient prescription for Acute Pain; maximum seven-day supply. 9.5.1When issuing a prescription for an opioid analgesic to an adult patient for outpatient use for the first time, for an Acute Pain Episode, a practitioner may not issue a prescription for more than a seven-day supply. 9.5.2A practitioner may not issue a prescription for an opioid analgesic to a minor for more than a seven-day supply at any time and shall discuss with the parent or guardian of the minor the risks associated with opioid use and the reasons why the prescription is necessary. 9.5.3Notwithstanding subsections 9.5.1 and 9.5.2, if, in the professional medical judgment of a practitioner, more than a seven-day supply of an opiate is required to treat the adult or minor patient's acute medical condition, then the practitioner may issue a prescription for the quantity needed to treat such acute medical condition. The condition triggering the prescription of an opiate for more than a seven-day supply shall be documented in the patient's medical record, the practitioner shall query the PMP to obtain a prescription history, and the practitioner shall indicate that a non-opiate alternative was not appropriate to address the medical condition and comply with subsections 9.6.4 and 9.6.5. 9.6Subsequent prescriptions. Subject to the exemptions set forth in subsection 9.7, after the first time prescription, or after the patient has been issued outpatient prescription(s) totaling up to a seven day supply, prior to issuing a subsequent prescription for an opioid analgesic for Acute Pain, the practitioner must perform an appropriate evaluation of the patient's medical history and condition, including the following: 9.6.1Query the PMP to obtain a prescription history for the first subsequent prescription that goes beyond the initial 7-day period and, for any subsequent prescriptions after that, the PMP shall be queried at the discretion of the practitioner unless otherwise required; 9.6.2Administer a fluid drug screen, at the discretion of the practitioner; 9.6.3Conduct a physical examination which must include a documented discussion between the practitioner and patient to: Elicit relevant history, explain the risks and benefits of opioid analgesics and possible alternatives to the use of opioid analgesics, identify other treatments tried or considered, and determine whether opioid analgesics are contra-indicated; 9.6.4Obtain an Informed Consent form, signed by the patient (or the patient's proxy), that must include information regarding the drug's potential for addiction, abuse, and misuse; and the risks associated with the drug of life-threatening respiratory depression; overdose as a result of accidental exposure potentially fatal, especially in children; neonatal opioid withdrawal symptoms; and potentially fatal overdose when interacting with alcohol; and other potentially fatal drug/drug interactions, such as benzodiazepines; and 9.6.5Schedule and undertake periodic follow-up visits and evaluations of the patient to monitor and assess progress toward goals in the treatment plan and modify the treatment plan, as necessary. The practitioner must determine whether to continue the treatment of pain with an opioid analgesic, whether there is an available alternative, whether to refer the patient for a pain management or substance abuse consultation. 9.7Exemptions to subsection 9.6: 9.7.1If a patient has been discharged from an in-patient facility or out-patient surgical center, and, in the professional medical judgment of the practitioner, more than a seven-day supply of an opiate is required to treat the patient's acute medical condition, the practitioner may issue a second prescription for not more than a seven-day supply without satisfying

the requirements of subsection 9.6. 9.7.2If a practitioner satisfies the requirements of subsection 9.6 at the time of the first time prescription, the practitioner may issue a subsequent prescription for not more than a seven-day supply without repeating the requirements of subsection 9.6. 9.8Chronic Pain patients. In addition to the requirements of subsection 9.6, the practitioner must adhere to the following additional requirements for Chronic Pain patients: 9.8.1Query the PMP at least every six months, more frequently if clinically indicated, or whenever the patient is also being prescribed a benzodiazepine; 9.8.2Query the PMP whenever the patient is assessed to potentially be at risk for substance abuse or misuse or demonstrates such things as loss of prescription(s), requests for early refills or similar behavior; 9.8.3Administer fluid drug screens at least once every six months; 9.8.4Obtain a signed Treatment Agreement, pursuant to subsection 9.3.13; 9.8.5Conduct a Risk Assessment as defined in subsection 9.3.10; 9.8.6Document in the patient's medical record alternative treatment options that have been tried by the patient, including non-pharmacological treatments, and their adequacy with respect to providing sufficient management of pain; 9.8.7Make efforts to address psychiatric and medical comorbidities concurrently, rather than sequentially, when concurrent treatment is clinically feasible; and 9.8.8At the practitioner's discretion, seek a case review and consult with, or otherwise refer the patient to, a state-licensed physician who holds a subspecialty board certification in addiction psychiatry from the American Board of Psychiatry and Neurology or an addiction certification from the American Board of Addiction Medicine or an addiction specialist if any of the following occur: 9.8.8.1Adulterated drug tests; 9.8.8.2Diversion of prescribed medications; or 9.8.8.3The patient has obtained controlled substances elsewhere without disclosure to the physician, as evidenced by PMP data. 9.9Practitioners treating the following patients are exempted from the requirements of this Regulation: 9.9.1Hospice care patients; 9.9.2Active cancer treatment patients; 9.9.3Patients experiencing cancer-related pain; 9.9.4Terminally ill/palliative care patients; and 9.9.5Hospital patients, during the hospital stay, including any prescription issued at the time of discharge, so long as that discharge prescription is for a quantity of a 7-day supply or less. (d) A dispenser including those dispensing an amount deemed medically necessary for a 72-hour supply, shall submit the required information regarding each prescription dispensed for a controlled substance, in accordance with the transmission methods and frequency established by regulation issued by the Office of Controlled Substances. When needed for bona fide research purposes and in accordance with applicable regulation, the Office of Controlled Substances may require a dispenser to submit the required information regarding each prescription dispensed for a drug of concern, but in no event should dispensers be required to submit such information any more frequently than that required for controlled substances. The following information shall be submitted for each prescription: (1) Pharmacy name; (2) Dispenser DEA registration number; (3) Dispenser National Provider Identifier (NPI); (4) Date drug was dispensed; (5) Prescription number; (6) Whether prescription is new or a refill; (7) NDC code for drug dispensed; (8) Quantity dispensed; (9) Approximate number of days supplied; (10) Patient name and date of birth; (11) Patient address; (12) Prescriber DEA registration number and name; (13) Prescriber NPI; (14) Date prescription issued by prescriber. (e) When a dispenser has a reasonable belief that a patient may be seeking a controlled substance listed in Schedule II, III, IV or V for any reason other than the treatment of an existing medical condition, the dispenser shall obtain a patient utilization report regarding the patient for the preceding 12 months from the Prescription Monitoring Program before dispensing the prescription.

Training on Enrollment and Use

PDMP Queries

☐ Ability to search for multiple patients in one query

Maximum number of patients in one query:

Patient Query Date Range: [>3 years](#)

Other Query Date Range:

Minimum data elements to query for healthcare user:

Query by partial data elements by healthcare user:

Optional data elements to query by healthcare user:

Minimum data elements to query for non-healthcare user:

Query by partial data elements by non-healthcare user:

Optional data elements to query by non-healthcare user:

Unsolicited Reports/Push Notifications

Frequency unsolicited alerts/reports generated:

Delivery method for unsolicited alerts/reports:

[Notification sent via email](#), [Report sent via email](#), [Via internal alerts within the PMP](#)

Delivery method for unsolicited alerts/reports - LE:

[Report mailed](#), [Report sent via email](#)

Delivery method for unsolicited alerts/reports - Boards:

[Report mailed](#), [Report sent via email](#)

☐ Unsolicited alerts/reports to practitioners not enrolled in PDMP

Veterinary Policies

Data transmission frequency for Veterinarians:

Criteria for veterinarian queries:

☐ Veterinarian access to owner's prescription history

☒ Veterinary Icon on PDMP Report

☐ Reporting Specifications

Reporting Method:

Reporting Specifications:

Data Fields:

Reporting Description:

☐ Reporting Mandate Compliance

Reporting Compliance Details:

Reporting Mandate Actions:

Reporting Issues:

Veterinarian does not have a DEA or NPI number

Reporting Misc Information:

☐ Enrollment Mandate Compliance

Enrollment Description:

Veterinarians are exempted from enrollment as data requesters

Enrollment Mandate Compliance Details:

Enrollment Mandate Criteria:

☐ Query Mandate Compliance

Query Description:

Veterinarians are not permitted by statute/rule/policy to query

Query Mandate Compliance Details:

Query Mandate Criteria:

PDMP Effectiveness Measures
