

**Kansas Prescription Drug Monitoring Program**

800 SW Jackson, Suite 1414
 Topeka, Kansas 66612-1244
 Ph: (785) 296-6547 Fax: (785) 296-8420
 Submit form to: pmpadmin@ks.gov

K-TRACS:
Medical Care Facility/Pharmacy
Data Request
Form K-120

INSTRUCTIONS

Please complete this form and submit it to the address above for requests of de-identified, aggregate K-TRACS data for a medical care facility. **Please note:** Identified data on prescriptions written or dispensed by your practitioners may be available through your electronic health record system. Information will be provided pursuant to K.S.A. 65-1685(f). Requests for data will be acted upon as soon as possible. The Board cannot guarantee that a request will be processed by a certain date.

REQUESTOR INFORMATION

Name of Medical Care Facility (hospital, pharmacy, etc.)			DEA Number (pharmacy only)	
Name			Date	
Street Address				
City	State	Zip	County	
Phone Number			Email	

I am authorized to request this information on behalf of my medical care facility. In requesting this data, I agree to supply K-TRACS with an up-to-date practitioner roster for my facility to receive accurate data about prescribing and/or dispensing.

DATA ELEMENTS REQUESTED

Utilization Data:				
<input type="checkbox"/> Total Number of Searches				
<input type="checkbox"/> Number of Practitioners with Searches (minimum 5 practitioners to generate report)				
Prescribing/Dispensing Data:				
<input type="checkbox"/> Number of Prescriptions	<input type="checkbox"/> Number of Patients	<input type="checkbox"/> Total Days Supply	<input type="checkbox"/> Total Quantity	
Type of Drug Information:				
<input type="checkbox"/> All Prescriptions	<input type="checkbox"/> All Opioids <input type="checkbox"/> Total Daily MME	<input type="checkbox"/> All Sedatives (includes benzodiazepines, hypnotics and muscle relaxers)	<input type="checkbox"/> All Stimulants	
<input type="checkbox"/> All Kansas Drugs of Concern (defined in K.A.R. 68-21-7)		<input type="checkbox"/> Breakdown by Age Group		
Timeframe Aggregation:				
<input type="checkbox"/> Aggregated by Sold Date	<input type="checkbox"/> Aggregated by Fill Date	<input type="checkbox"/> Aggregated by Written Date		
<input type="checkbox"/> Show Monthly Data	<input type="checkbox"/> Show Quarterly Data	<input type="checkbox"/> Show Yearly Data		
Timeframe Requested (Last Five Years Available):				

Include a roster of current practitioners or use the form on page 2 to provide a list of practitioners to be included in the aggregate data request.

Please provide a signature verification on page 2.



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PRACTITIONER ROSTER

PRACTITIONER IDENTIFIER (DEA or NPI for Prescribers; State License Number for Pharmacists & Delegates)	PRACTITIONER NAME	PRACTITIONER ROLE (MD, APRN, PharmD, etc.)

SIGNATURE

DATE SIGNED

PRINTED NAME