



**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](mailto:pmpadmin@ks.gov)

**K-TRACS:  
 De-Identified Aggregate  
 Data Request  
 Form K-110**

**INSTRUCTIONS**

Please complete this form and submit it to the address above for requests of de-identified, aggregate K-TRACS data maintained by the Kansas State Board of Pharmacy. Information will be provided pursuant to K.S.A. 65-1685(e). 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		Date	
Title		Organization	
Street Address			
City	State	Zip	County
Phone Number		Email	

**PURPOSE OF REQUEST**

<input type="checkbox"/> Research	<input type="checkbox"/> Grant Writing/Administration	<input type="checkbox"/> Prevention/Education
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**DATA ELEMENTS REQUESTED**

<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"/> By Release Mechanism, i.e., long-acting, etc.	<input type="checkbox"/> All Sedatives (includes benzodiazepines, hypnotics and muscle relaxers)	<input type="checkbox"/> All Stimulants
<input type="checkbox"/> Breakdown by Drug Schedule	<input type="checkbox"/> All Kansas Drugs of Concern (defined in K.A.R. 68-21-7)	<input type="checkbox"/> Breakdown by Drug Name	
Criteria to Include:			
<input type="checkbox"/> Breakdown by Age Group	<input type="checkbox"/> Breakdown by Payment Type	<input type="checkbox"/> Human Prescriptions Only (exclude veterinary prescriptions)	
<input type="checkbox"/> All Prescribers <input type="checkbox"/> Only Kansas Prescribers	<input type="checkbox"/> All Patients <input type="checkbox"/> Only Kansas Patients	<input type="checkbox"/> All Pharmacies <input type="checkbox"/> Only Kansas Pharmacies	
Location Aggregation:			
<input type="checkbox"/> Aggregated by Prescriber Location	<input type="checkbox"/> Aggregated by Pharmacy Location	<input type="checkbox"/> Aggregated by Patient Location	
<input type="checkbox"/> Aggregated by State <input type="checkbox"/> Only Kansas <input type="checkbox"/> All States	<input type="checkbox"/> Aggregated by County <input type="checkbox"/> All Counties <input type="checkbox"/> Select Counties (please list in details section)		
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):			



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**ADDITIONAL DETAILS**

Please provide a general description of why PDMP data is needed and how it will be used.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
PRINTED NAME