PDMP TTAC

Prescription Drug Monitoring Program Training and Technical Assistance Center

State, District, or Territory	Criteria for Mandatory Enrollment or Query of PDMP
Alabama	Before renewing an Alabama Controlled Substances Certificate, the applicant shall have a current registration to access the Controlled Substances Prescription Database established and maintained by the Alabama Department of Public Health.
Arizona	Amends worker's compensation statute to require physicians to request PMP information within two (2) business days of writing or dispensing prescriptions for at least a 30 day supply of an opioid and report the results to the work comp carrier, self-insured employer, or commission
Arkansas	A prescriber found to be in violation of prescription drug laws shall be required to register with the PMP and access prescription information before writing a prescription for an opioid and provides that the board may remove the requirement after an interval of time if appropriate; a prescriber treating a patient for chronic, non-malignant pain shall check the PMP for the patient at least every six months. APRNs with prescriptive authority who have been found guilty, by the Board of Nursing, of violating a law or rule involving prescription drugs shall review a current report (run within the past 30 days) from the Prescription Drug Monitoring Program prior to prescribing an opioid. Review of this report shall be documented in the patient's medical record.
Colorado	Medical directors and other qualified health care professionals shall utilize the information obtained from the Colorado State Board of Pharmacy's electronic Prescription Drug Monitoring Program (PDMP) as clinically appropriate upon intake. When drug screen tests are ordered, the authorized treating physician shall utilize the Colorado Prescription Drug Monitoring Program (PDMP). The prescribing authorized treating physician shall review and integrate the screening results, PDMP, and the injured worker's past and current functional status on the prescribed levels of medications. A written report will document the treating physician's assessment of the patient's past and current functional status of work, leisure activities and activities of daily living competencies.
Connecticut	require mandatory use of the PMP prior to prescribing a greater than 72-hour supply of any controlled substance to a patient and shall review the PMP not less than every 90 days when prescribing continuous or long term treatment with controlled substances; when prescribing a Schedule V non-narcotic controlled substance for the continuous or prolonged treatment of a patient, the prescriber or prescriber's agent shall review the PMP not less than annually

Delaware	When a prescriber/dispenser has a reasonable belief that a patient may be seeking a controlled substance for any reason other than the treatment of an existing medical condition, the prescriber/dispenser shall obtain a patient utilization report regarding the patient for the preceding 12 months from the Prescription Monitoring Program before issuing/dispensing the prescription. Prior to prescribing an extended-release hydrocodone lacking abuse-deterrent formula, a practitioner must query the PMP and review other prescriptions and for any amount greater than 40mg a day, must query the PMP no less frequently than once every 120 days for as long as the patient possesses a valid prescription for that amount.
Georgia	Requires each physician owning or practicing in a pain management clinic to register with the PMP and must regularly check the PMP on all new and existing patients
Guam	Prescribers required to check PDMP before first prescription for Controled Substances for new patient.
Indiana	At the outset of an opioid treatment paln, and at least annually thereafter, a physician prescribing opioids for a patient shall run an INSPECT report on that patient under IC 35-48-7-11.1(d)(4) and document in the patient's chart whether the INSPECT report is consistent with the physician's knowledge of the patient's controlled substance use history.
Kentucky	Effective July 20, 2012 controlled substance prescribers must check KASPER prior to prescribing or dispensing a CII controlled substance or a CIII controlled substance containing hydrocodone.
Louisiana	A prescriber shall access the Prescription Monitoring Program prior to initially prescribing any Schedule II controlled dangerous substance to a patient for the treatment of non-cancer-related chronic or intractable pain. The medical director is responsible for applying to access and query the Louisiana Prescription Monitoring Program (PMP). The PMP is to be utilized by the medical director and the pain specialist as part of a clinics' quality assurance program to ensure adherence to the treatment agreement signed by the patient. Effective 6-29-15, § 40:1046 to require that prescribers and dispensers of marijuana, tetrahydrocannabinols, or chemical derivatives of tetrahydrocannabinols review a patient’s information in the PMP prior to such prescribing or dispensing
Maine	mandated registration effective 1-1-14; Requires that the Department update the enrollment mechanism to allow prescribers to be enrolled in the program 4/30/2014 – Became law without Governor’s signature; effective on passage automatically when applying for or renewing a professional license
Massachusetts	By law the Department is required to register practitioners (dentists, physicians, pharmacists, Pas, nurses and podiatrists) who are obtaining a new Massachusetts Controlled Substance Registration (MCSR) or whose MCSR is being recalled for reissuance. Requires licensees to check the PMP prior to prescribing a hydrocodone-only extended release medication in a non-abuse deterrent formula; Requires practitioners to query the PMP 1) annually for patients who are receiving ongoing treatment with an opiate in Schedule II-IV; 2) when starting a patient on an opiate for non-palliative, long-term pain therapy of 90 days or more; 3) the first time the practitioner prescribes an opiate for chronic pain; 4) prior to writing a replacement prescription for an opiate; and 5) any other scenario mandated by the department through regulation

Minnesota	Upon admission to a methadone clinic outpatient treatment program, clients shall be notified that the Department of Human Services and the medical director will monitor the prescription monitoring program to review the prescribed controlled drugs the clients have received. The medical director or the medical director's delegate must review data from the Minnesota Board of Pharmacy prescription monitoring program (PMP) established under section 152.126 prior to the client being ordered any controlled substance as defined under section 152.126, subdivision 1, paragraph (b), including medications used for the treatment of opioid addiction. The subsequent reviews of the PMP data must occur quarterly and be documented in the client's individual file. When the PMP data shows a recent history of multiple prescribers or multiple prescriptions for controlled substances, then subsequent reviews of the PMP data must occur monthly and be documented in the client's individual file.
Mississippi	Each individual must be reviewed prior to admission and annually thereafter from the date of admission on the Prescription Drug Monitoring Program (PDMH) in MS and nearby states for which access is available to assess for appropriateness of Opiate Treatment Services. No individual is eligible for admission or continued services/treatment whose review indicates the potential for diversion and/or abuse of Methadone. Requires physicians and physician assistants practicing in a registered pain management facility to be registered with the PMP. Effective by rule 1-15-16, all licensed pharmacists are required to register with PMP.
Nevada	Before a practitioner prescribes a controlled substance he must request a PMP report if he believes the patient may be seeking the drug for a reason other than treatment of a medical condition, and: 1) it is a new patient; or 2) the practitioner has not prescribed a controlled substance to the patient within the last year, 3) if amount is greater than 7 day supply; Requires dentists to query themselves on the PMP at least once per year
New Jersey	requires physicians and pharmacists to check PDMP before prescribing/dispensing controlled substance and every 3 months thereafter.
New Mexico	(1) the patient is a new patient of the practitioner, in which situation a patient PMP report for the previous 12 months shall only be required when Schedules II, III, and IV drugs are prescribed for a period greater than 10 days; and (2) during the continuous use of opioids by established patients a PMP shall be requested and reviewed a minimum of once every six months. Requires osteopathic physicians to check the PMP at each initial office visit which results in a prescription for an opiate based pain medication and at least annually thereafter as well as at critical turning points in patient care - Requires osteopathic physicians to register with the PMP. Requires optometrists to register to use the PMP and to obtain a PMP report prior to prescribing, ordering, administering, or dispensing a controlled substance listed in Sch. III or IV or for a new patient when a Sch. III or IV drug is prescribed for more than 10 days and for established patients during the continuous use of controlled substances every six months. Dentists, Nurse Practitioners and Certified Nurse Midwives have mandatory PMP use requirements as part of their regulations. At this time all prescribers of controlled substances in NM have some type of mandatory PMP use regulation; veterinarians are excluded from registration requirement. Persons reporting prescription information to the PMP, but not authorized for access to PMP information must also apply for access.

New York	Effective 8-27-13. Exceptions to the duty to consult prior to writing a controlled substance prescription in Schedules II-IV are: Practitioner administering a controlled substance; For use within an institutional dispenser; Emergency Department (if limited to a 5 day supply); Practitioner is unable to access in a timely manner (5 day supply); Consultation would adversely impact a patient's medical condition; Hospice; Methadone programs; Technological failure of PMP or practitioner's hardware; Practitioner has been granted a waiver by DOH based on technological limitations or exceptional circumstances not within practitioner's control. Requires practitioners to consult the PMP prior to making or issuing a certification of a serious condition requiring the use of medical marijuana; Requires dispensers to check the PMP to ensure that a patient is not receiving greater than a 30 day supply. Effective 11-20-15, Opioid treatment program providers are required to check the PMP prior to admitting a new patient to determine any and all medications which may be prescribed to a patient or prospective patient and check PMP as clinically indicated on patients admitted to opioid medical maintenance with a verified stability in the PMP.
North Carolina	Requires medical directors of opioid treatment programs to access the PMP database upon admission of a new patient and at least annually thereafter.
North Dakota	Requires opioid treatment programs to use the PMP at least monthly for each patient. Requires that dispensers check the ND PMP, another state's PMP, or both prior to dispensing a controlled substance to a patient for the treatment of pain or anxiety if the dispenser becomes aware that the person is receiving reported drugs from multiple prescribers, receiving reported drugs for more than 12 consecutive weeks, abusing or misusing reported drugs, requesting dispensing of a reported drug from a prescriber with whom the dispenser isn't familiar, or is presenting a prescription from outside the usual geographic area.
Ohio	Any prescriber of opioids or benzodiazepines must have access to the PMP (does not necessarily require enrollment, if they are using an integrated product, such as NarxCheck). Any licensed pharmacist or pharmacy intern must have access. Prior to initially prescribing any opioid or benzodiazepine, a prescriber must check the PMP. The prescriber must continue to check every 90 days thereafter, as long as treatment continues. A physician must obtain and review a PMP report at least annually for patients whose treatment with a reported drug other than an opioid analgesic or benzodiazepine lasts more than 90 days. If the physician practices primarily in a county that adjoins another state, the physician shall also request a report from the other state.
Oklahoma	Effective November 15, 2015, registrants or delegates are required to access the PMP prior to prescribing or authorizing a refill, if 180 days have elapsed since the previous check, for opiates, benzodiazepine, or carisoprodol and must note in the patient's record that the PMP has been accessed. Beginning November 1, 2010, each registrant that prescribes, administers or dispenses methadone shall be required to check the prescription profile of the patient on the central repository of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control.

Pennsylvania	A prescriber shall query the system: (1) for each patient the first time the patient is prescribed a controlled substance by the prescriber for purposes of establishing a base line and a thorough medical record; or (2) if a prescriber believes or has reason to believe, using sound clinical judgment, that a patient may be abusing or diverting drugs. Requires that practitioners consult the PMP prior to issuing a certification for the use of medical marijuana to determine the controlled substance history of a patient and prior to recommending a change of amount or form of medical marijuana - Provides that a practitioner may consult the PMP to: 1) determine whether a patient may be under treatment with a controlled substance by another physician or other person; 2) allow the practitioner to review the patient's controlled substance history; or 3) provide to the patient, or the caregiver on behalf of the patient, a copy of the patient's controlled substance history.
Rhode Island	Automatic enrollment with PDMP upon initial registration or renewal. Opioid Treatment Programs are required to check Department of Health's Prescription Monitoring Program for each new admission. In addition, prior to advancement to a new take-home phase, programs are required to check the Department of Health's Prescription Monitoring Program; requires a practitioner treating a patient for pain management to review the PMP prior to starting an opioid and shall review the PMP at least every 12 months if the patient is continued on the opioid for a period of six months or longer; requires practitioner to check the PMP prior to refilling or initiating therapy with an intrathecal pump and shall review every three months for patients maintained on continuous opioid therapy for three months or longer.
South Carolina	South Carolina Department of Health and Human Services (SCDHHS) will require that providers verify Medicaid members' controlled substance prescription history through the South Carolina Reporting & Identification Prescription Tracking System (SCRIPTS) before issuing a prescription for any Schedule II through IV controlled substance. Providers must maintain documentation that the SCRIPTS database was verified prior to the issuance of a controlled substance prescription. Failure to perform an evaluation of the SCRIPTS database may result in recoupment of Medicaid funds for the office visit during which the prescription was issued. For Medicaid members treated chronically with controlled substances, SCDHHS will require that SCRIPTS be consulted at the initiation of therapy and at least every 90 days thereafter. The following instances are exempt from this requirement: Issuance of less than a five-day supply of a controlled substance; Issuance of a controlled substance prescription to a Medicaid member who is enrolled in hospice; Instances where a controlled substance is administered by a licensed health care provider.
Tennessee	Current pain clinic providers are required to check the database before prescribing at various intervals. As of April of 2013, all prescribers are required to check before prescribing initial treatment with benzodiazepines or opiates and yearly thereafter, with minor exceptions. As of January 2013, registration is required only for those who prescribe or dispense controlled substances-not all licensees meet these requirements.

Utah	§ 58-31b-803 which provides that an advanced practice registered nurse may prescribe or administer a Schedule II controlled substance without a consultation or referral plan if, among other requirements, prior to the first time prescribing or administering a Schedule III substance for chronic pain or a Schedule II controlled substance, unless treating the patient in a licensed general acute hospital, checks information about the patient in the PMP and periodically thereafter checks information about the patient in the PMP. §58-37f-303 provides that a prescriber or dispenser of an opioid for outpatient usage shall diligently access and review the database. If a dispenser's review of the system indicates that a patient seeking an opioid may be obtaining opioids in quantities or frequencies inconsistent with generally recognized standards, the dispenser shall attempt to contact the prescriber to obtain the prescriber's informed, current, and professional opinion as to whether the prescribed opioid is medically justified.
Vermont	Prescribers who prescribe controlled substances on Schedule II, III, or IV must query the VPMS: 1. At least annually for patients who are receiving ongoing treatment with an opioid controlled substance; 2. When starting a patient on a controlled substance for non-palliative long-term pain therapy of 90 days or more; 3. The first time the provider prescribes an opioid controlled substance written to treat chronic pain; 4. Prior to writing a replacement prescription for a . All Medicaid participating providers who prescribe buprenorphine or a drug containing buprenorphine to a Vermont Medicaid beneficiary to query the PMP the first time they prescribe buprenorphine or a drug containing buprenorphine for the patient and no fewer than two times annually thereafter. Prior to prescribing an extended release hydrocodone that is not in an abuse deterrent formula, the prescriber shall query the VPMS and review other controlled substances prescribed to the patient, and for any patient prescribed 40mg or greater per day, shall query the VPMS no less frequently than once every 120 days for as long as the patient possesses a valid prescription for that amount. Dispensers required to query PDMP prior to dispensing an opioid to a new patient, when a person pays cash for an opiate when they have insurance, when a request to refill an opiate is early, or when dispenser is aware the person is getting opiates from more than one prescriber; an exception to this requirement made for hospital dispensers dispensing less than a 48 hour supply.
Virginia	A. Any prescriber who is licensed in the Commonwealth to treat human patients and is authorized pursuant to §§ 54.1-3303 and 54.1-3408 to issue a prescription for a covered substance shall be registered with the Prescription Monitoring Program by the Department of Health Professions. B. Prescribers registered with the Prescription Monitoring Program shall, at the time of initiating a new course of treatment to a human patient that includes the prescribing of an opiate anticipated at the onset of treatment to last more than 14 consecutive days, request information from the Director for the purpose of determining what, if any, other covered substances are currently prescribed to the patient. In addition, any prescriber who holds a special identification number from the Drug Enforcement Administration authorizing the prescribing of controlled substances approved for use in opioid addiction therapy shall, prior to or as a part of execution of a treatment agreement with the patient, request information from the Director for the purpose of determining what, if any, other covered substances the patient is currently being prescribed. Nothing in this section shall prohibit prescribers from making additional periodic requests for information from the Director as may be required by routine prescribing practices.

Washington	Workers Comp providers must check the prescription monitoring program data base, if available, and document before prescribing opioids in the subacute phase and repeat during chronic opioid therapy at intervals according to the worker's risk category as described in the agency medical directors' group's guideline. Before the department or self-insurer authorizes payment for opioids beyond the acute phase, the provider must perform and document the following: Access the state's prescription monitoring program data base, if available, to ensure that the controlled substance history is consistent with the prescribing record and the worker's report. An agency providing chemical dependency opiate substitution treatment services must ensure the program physician, or the medical practitioner under supervision of the program physician, performs and meets the following: A review must be completed by the department of health prescription drug monitoring program data on the individual: (a) At admission; (b) Annually after the date of admission; and (c) Subsequent to any incidents of concern.
West Virginia	Upon initially prescribing or dispensing any pain-relieving controlled substance for a patient and at least annually thereafter should the prescriber or dispenser continue to treat the patient with controlled substances.....for whom they are providing pain-relieving controlled substances as part of a course of treatment for chronic, nonmalignant pain but who are not suffering from a terminal illness. Prior to dispensing or prescribing medication-assisted treatment medications, the treating physician must access the PMP to ensure the patient is not seeking medication-assisted treatment medications that are controlled substances from multiple sources and shall review the PMP no less than quarterly and at each patient’s physical examination
Wisconsin	Required to check record prior to issuing a prescription. Does not apply if the patient is receiving hospice care, the prescription is for a number of doses that is intended to last the patient three days or less and is not subject to refill, the substance is directly administered to the patient, emergency circumstances prevent practitioner from reviewing prior to issuing a prescription.