



Prescription Drug Monitoring Program Training and Technical Assistance Center

## Massachusetts

PDMP name: MA Prescription Monitoring Program  
Agency Responsible: Department of Public Health  
Agency Type: Department of Health  
PDMP Website: [www.mass.gov/dph/dcp/pmp](http://www.mass.gov/dph/dcp/pmp)  
PDMP Email: [mapmp.dph@MassMail.State.MA.US](mailto:mapmp.dph@MassMail.State.MA.US)

PDMP region: East

### Contact Information

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### Statistics

Statistics Year: 2015  
State population: 6,794,422

DEA Registered Prescribers: 35,077  
DEA Registered Dispensers: 1,162

### Technological Capabilities

#### ASAP Versions Accepted

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> ASAP 1995   | <input type="checkbox"/> ASAP 4/2007              |
| <input type="checkbox"/> ASAP 1997   | <input type="checkbox"/> ASAP 4-1/2010            |
| <input type="checkbox"/> ASAP 3/2005 | <input checked="" type="checkbox"/> ASAP 4-2/2011 |

#### Data Transmission Methods Allowed

- |   |  |
|---|--|
| <input type="checkbox"/> Electronic data transmission | <input type="checkbox"/> Mail data transmission  |
| <input type="checkbox"/> Fax data transmission        | <input type="checkbox"/> Media data transmission |
| <input type="checkbox"/> Other                        |  |

#### Required Data Transmitters

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> Pharmacy in-state | <input checked="" type="checkbox"/> Pharmacy out-state/mail order | <input type="checkbox"/> Pharmacy out-state other          | <input type="checkbox"/> Dispensing doctor |
| <input type="checkbox"/> Veterinarian                 | <input checked="" type="checkbox"/> Veterans Administration       | <input checked="" type="checkbox"/> Indian Health Services |  |

Other:

#### Data Collection, Storage, Generation and Access

Data Collection Entity:	Vendor	Vendor name:	Appriss
Data Storage Entity:	In-House	Vendor name:	In-House
Report Generation Entity:	In-House	Vendor name:	In-House
Data Access Entity:	In-House	Vendor name:	In-House
Data Access Method:	Web Portal/On-Line		

## Data Sharing

- ☒ PMPi Hub
- ☐ RxCheck Hub
- ☐ HIE method

List of states involved in sharing:

### Data Access

- ☐ via Health Information Exchange
- ☐ via Electronic Health Record
- ☐ via Pharmacy Dispensing System

### Patient Matching

- ☒ Exact Match
  - ☐ Probablistic Match
  - ☐ Probablistic/Manual Matc
  - ☒ Other Match for queries
- Wild card searching available. First 5 letters of first name plus asterick and first 2 letters of last name plus asterisk.

## Policies and Procedures

### Controlled Schedules Monitored

- ☒ Schedule II monitored
- ☒ Schedule III monitored
- ☒ Schedule IV monitored
- ☒ Schedule V monitored

### Other Substances Monitored

- ☒ Monitor other authority
- Gabapentin
- ☐ Remove from Monitoring

### Data Collection and Pertinent Dates

Legislation enacted: 1992 PDMP operational: 1994  
Collection frequency: 1 Require zero-reporting? ☒ Zero-reporting frequency: Daily

### Relevant Statutes and Rules

Law/Rule Website: <http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/drug-control/drug-control/public-health-regulations-drug-control.html>  
Law/Statute citation: MA Gen Laws Chapter 94C §24A & 49; Chapter 66A §2  
Regulation/Rule citation: MA Code Regs 105 - 700.006 and .012; 247 - 5.01 to .04  
Dr Shopper law/statute:  
Pill Mill law/statute:  
Pain Clinic law/statute:  
Disclosure law/statute: MA Code Regs 105 700.012(3); Chapter 94c Section 38

### Data Retention

Data Retention Time:

- ☐ Data Retention Policy
- ☐ All Information Purged
- ☐ Prescriber Information Purged
- ☐ Dispenser Information Purged
- ☐ Patient Information Purged
- ☐ Drug Information Purged
- ☒ Retain De-Identified Data

### Select Data Fields Available

- ☒ Payment method captured
- ☒ Patient Identification captured
- ☒ Person dropping off captured
- ☒ Person picking up captured
- ☒ Ability to id prescriber specialty

### Miscellaneous Capabilities and Policies

- ☒ Authority to release de-identified data
- ☒ Ability to de-identified data
- ☒ Authority to release for epidemiological or educational purposes
- ☒ Engaged in release for epidemiological or educational purposes
- ☐ Required Notification to consumers
- ☒ Mandated Use of Advisory Group
- ☐ Patient Access to Query List
- ☐ Collection of naloxone prescriptions

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### PDMP Required Enrollment and Patient Query

- ☐ Required Enrollment - Prescriber      ☐ Required Enrollment - Dispenser
- ☒ Required Patient Query - Prescriber      ☐ Required Patient Query - Dispenser

Prescribers must look up patients each time they write a Schedule II or III opioid; they must also look up patients when prescribing a benzodiazepine medication for the first time to the patient.

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## PDMP Requestor Training

Training Website:

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### Available Training

- |   |   |
|---|---|
| <input type="checkbox"/> Prescriber       | <input type="checkbox"/> Attorney General |
| <input type="checkbox"/> Dispenser        | <input type="checkbox"/> Patient          |
| <input type="checkbox"/> Law Enforcement  | <input type="checkbox"/> Research         |
| <input type="checkbox"/> Regulatory Board |   |

### Training Required Before PDMP Use

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Prescriber | <input type="checkbox"/> Attorney General |
| <input type="checkbox"/> Dispenser             | <input type="checkbox"/> Patient          |
| <input type="checkbox"/> Law Enforcement       | <input type="checkbox"/> Researcher       |
| <input type="checkbox"/> Regulatory Board      | <input type="checkbox"/> Other            |
- 

### Obtaining PDMP Account

Automatic PDMP Enrollment with License Application or Renewal? ☐

Prescriber: Prescribers must have a DEA Registration number, State Board License, and a Massachusetts Controlled Substances Registration number to register

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Dispenser: Pharmacist must have a MA Board of Pharmacy license

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## PDMP Available Reports

### Available Reports to Selected Requestors

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Prescriber Access to Patient History | <input checked="" type="checkbox"/> Licensing Board Access to Patient History    |
| <input checked="" type="checkbox"/> Prescriber Access to Own History     | <input checked="" type="checkbox"/> Licensing Board Access to Licensee History   |
| <input checked="" type="checkbox"/> Dispenser Access to Patient History  | <input checked="" type="checkbox"/> Law Enforcement Access to Patient History    |
| <input type="checkbox"/> Dispenser Access to Own History                 | <input checked="" type="checkbox"/> Law Enforcement Access to Prescriber History |
|  | <input checked="" type="checkbox"/> Law Enforcement Access to Dispenser History  |

## Requestors and Reports Authorized to Generate

<u>Requestor Type</u>	<u>Solicited Reports</u>		<u>Unsolicited Reports</u>	
	<u>In-State</u>	<u>Out-of-State</u>	<u>In-State</u>	<u>Out-of-State</u>
Prescriber	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispenser/Business (i.e., pharmacy)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispenser/Person (i.e., pharmacist)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Midlevel - Physician Assistant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Midlevel - Nurse Practitioner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (unlicensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (unlicensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Federal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - State	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Local	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosecutorial Authority	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctional Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner/Coroner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensing/Regulatory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
State Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Fraud and Abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Drug Utilization and Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Review Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Treatment Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-party Payer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Researchers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other PDMP		<input checked="" type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Requestors and Reports Being Generated

<u>Requestor Type</u>	<u>Solicited Reports</u>		<u>Unsolicited Reports</u>	
	<u>In-State</u>	<u>Out-of-State</u>	<u>In-State</u>	<u>Out-of-State</u>
Prescriber	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispenser/Business (i.e., pharmacy)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser/Person (i.e., pharmacist)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midlevel - Physician Assistant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Midlevel - Nurse Practitioner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (unlicensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (unlicensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Federal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - State	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Local	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosecutorial Authority	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctional Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner/Coroner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensing/Regulatory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
State Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Fraud and Abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Drug Utilization and Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Review Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Treatment Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-party Payer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Researchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other PDMP		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>