

## Montana

PDMP name: MTPDR  
 Agency Responsible: Montana Board of Pharmacy  
 Agency Type: Pharmacy Board  
 PDMP Website: [www.mpdrinfo.mt.gov](http://www.mpdrinfo.mt.gov)  
 PDMP Email: [dlibsdpdr@mt.gov](mailto:dlibsdpdr@mt.gov) PDMP region: West

### Contact Information

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### Statistics

Statistics Year:	2015	DEA Registered Prescribers:	4,000
State population:	1,032,949	DEA Registered Dispensers:	263

### Technological Capabilities

#### ASAP Versions Accepted

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

#### Data Transmission Methods Allowed

- |  |  |
|--|--|
| <input checked="" 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 checked="" 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:	Montana Interactive
Data Storage Entity:	Vendor	Vendor name:	Montana Interactive
Report Generation Entity:	Vendor	Vendor name:	Montana Interactive
Data Access Entity:	Vendor	Vendor name:	Montana Interactive
Data Access Method:	Web Portal/On-Line		

### Data Sharing

- ☒ PMPi Hub      List of states involved in sharing:  
☐ RxCheck Hub  
☐ HIE method

### Data Access

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

### Patient Matching

- ☐ Exact Match  
☐ Probabilistic Match  
☒ Probabilistic/Manual Match  
☐ Other Match for queries

## Policies and Procedures

### Controlled Schedules Monitored

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

### Other Substances Monitored

- ☐ Monitor other authority  
☐ Remove from Monitoring

### Data Collection and Pertinent Dates

Legislation enacted: 07-01-2011      PDMP operational: 03-12-2012  
Collection frequency: 8      Require zero-reporting? ☒      Zero-reporting frequency: Monthly

### Relevant Statutes and Rules

Law/Rule Website: [http://bsd.dli.mt.gov/license/bsd\\_boards/pha\\_board/board\\_page.asp](http://bsd.dli.mt.gov/license/bsd_boards/pha_board/board_page.asp)  
Law/Statute citation: 37-7-1501 to 1514, Montana Code Annotated (MCA)  
Regulation/Rule citation: Administrative Rules of Montana (ARM) 24.174.1701 to 1715  
Dr Shopper law/statute: 45-9-104 Fraudulently Obtaining Dangerous Drugs, Montana Code Annotated (MCA)  
Pill Mill law/statute:  
Pain Clinic law/statute:  
Disclosure law/statute: 37-7-1513, MCA

### Data Retention

Data Retention Time: 3 years

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

### 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 [information is only available if the patient submits a notarized request to the MPDR](#)  
☐ 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
- 

## PDMP Requestor Training

Training Website: [www.MPDRInfo.mt.gov](http://www.MPDRInfo.mt.gov)

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### Available Training

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

### Training Required Before PDMP Use

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Prescriber | <input type="checkbox"/> Attorney General |
| <input checked="" 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: [Complete online training; complete online registration & attestations; enter security code upon 1st login.](#)

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Dispenser: [Complete online training; complete online registration & attestations; enter security code upon 1st login.](#)

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## PDMP Available Reports

### Available Reports to Selected Requestors

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Prescriber Access to Patient History | <input 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 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 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 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 type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - State	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Drug Utilization and Review	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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"/>
Indian Health Services and Tribal Heal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterans Administration	<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"/>

## 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser/Business (i.e., pharmacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser/Person (i.e., pharmacist)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midlevel - Physician Assistant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midlevel - Nurse Practitioner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (licensed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (licensed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (unlicensed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (unlicensed)	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - State	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" 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 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 checked="" 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 checked="" 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"/>
Indian Health Services and Tribal Heal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterans Administration	<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"/>