

## Texas

PDMP name: Texas Prescription Program  
 Agency Responsible: Texas State Board of Pharmacy  
 Agency Type: Pharmacy Board  
 PDMP Website: [www.pharmacy.texas.gov/pmp](http://www.pharmacy.texas.gov/pmp)  
 PDMP Email: [texaspmp@pharmacy.texas.gov](mailto:texaspmp@pharmacy.texas.gov) PDMP region: South

### Contact Information

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### Statistics

|                   |            |                             |        |
|-------------------|------------|-----------------------------|--------|
| Statistics Year:  | 2015       | DEA Registered Prescribers: | 82,809 |
| State population: | 27,469,114 | DEA Registered Dispensers:  | 5,528  |

### 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 checked="" 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 type="checkbox"/> Veterans Administration                  | <input type="checkbox"/> Indian Health Services              |  |
- Other:

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

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

### Data Sharing

- ☒ PMPi Hub  
☐ RxCheck Hub  
☐ HIE method
- List of states involved in sharing:  
[AR, CT, LA, NM](#)

### 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

[Appriss program algorithms](#)

## 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: [09-01-1981](#) PDMP operational: [01-01-1982](#)  
Collection frequency: [7](#) Require zero-reporting? ☒ Zero-reporting frequency: [Weekly](#)

### Relevant Statutes and Rules

Law/Rule Website: <http://www.statutes.legis.state.tx.us/?link=OC> ;  
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=2&ti=22](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=2&ti=22)  
Law/Statute citation: [TX HSC §§481.074 to .0761; 481.127 to .129](#)  
Regulation/Rule citation: [TX Admin Code 22 §§315.1 - 315.14](#)  
Dr Shopper law/statute: [TX HSC §481.129 \(a\)\(1\)](#)  
Pill Mill law/statute: [Texas Occupation Code 168.001 Pain Management Clinic / Texas Administrative Code, Title 22, Par](#)  
Pain Clinic law/statute: [Texas Occupation Code 168.001 Pain Management Clinic](#)  
Disclosure law/statute: [TX HSC §§481.127, .301](#)

### 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  
☐ 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:

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### Available Training

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Prescriber       | <input checked="" 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 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: [To register, must provide a DEA Registration number; if Texas practitioner, licensing board number, and social security number](#)

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Dispenser: [To register, must provide a DEA Registration number; if Texas practitioner, licensing board number, and social security number](#)

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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 checked="" 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 checked="" 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 checked="" type="checkbox"/> |
| Midlevel - Physician Assistant       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Midlevel - Nurse Practitioner        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Law Enforcement - Federal            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Law Enforcement - State              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Law Enforcement - Local              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Prosecutorial Authority              | <input checked="" type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Medicaid Drug Utilization and Review | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Other PDMP                           |                                     | <input checked="" type="checkbox"/> |                                     | <input type="checkbox"/>            |
| Optometrist                          | <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"/>            |

## 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 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 type="checkbox"/>   | <input type="checkbox"/> |
| Midlevel - Physician Assistant       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| Midlevel - Nurse Practitioner        | <input checked="" type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
| Law Enforcement - Federal            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| Law Enforcement - State              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| Law Enforcement - Local              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| Prosecutorial Authority              | <input checked="" type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> |
| Medicaid Drug Utilization and Review | <input 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 checked="" 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"/> |