PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	PDMP Use: Prescriber	PDMP Use: Dispenser	Conditions, if applicable
Alabama	☑	☐	Licensees of the Board of Medical Examiners must check the PDMP twice a year if the MME is greater than 30. If MME is greater than 90, the PDMP must be checked with every prescription. Exemptions to the query requirements: (1) nursing home patients; (2) hospice patients, where the prescription indicates hospice on the physical prescription; (3) when treating a patient for active, malignant pain; or (4) intra-operative patient care. For the purpose of preventing controlled substance diversion, abuse, misuse, addiction, and doctor-shopping, the Board of Podiatry sets forth the following requirements for the use of Alabama's Prescription Drug Monitoring Program (PDMP): (a) For the controlled substance prescriptions totaling 30 MME or less per day, podiatrists are expected to use the PDMP in the manner consistent with good clinical practice. (b) When prescribing a patient, controlled substances of more than 30 MME per day, podiatrists shall review that patient's prescribing history through the PDMP at least two (2) times per year, and each podiatrist is responsible for documenting the use of risk and abuse mitigation strategies in the patient's medical record. (c) Podiatrists shall query the PDMP to review a patient's prescribing history every time a prescription for more than 90 MME per day is written, on the same day the prescription is written.
Alaska	☑	☐	Requires adoption of regulations that provide that a practitioner query the PDMP prior to dispensing, prescribing, or administering a Sch. II or III controlled substance; query is not required for patients receiving treatment in an inpatient setting, at the scene of an emergency or in an ambulance, in an emergency room, immediately before, during or within the first 48 hours after surgery or a medical procedure, in a hospice or nursing home that has an in-house pharmacy, or a non-refillable prescription in a quantity intended to last not more than three days

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Arizona	☑	☑	Beginning the later of October 1, 2017 or sixty days after the statewide health information exchange has integrated the controlled substances prescription monitoring program data into the exchange, a medical practitioner, before prescribing an opioid analgesic or benzodiazepine controlled substance listed in schedule II, III or IV for a patient, shall obtain a patient utilization report regarding the patient for the preceding twelve months from the controlled substances prescription monitoring program's central database tracking system at the beginning of each new course of treatment and at least quarterly while that prescription remains a part of the treatment. G. A DISPENSER, BEFORE DISPENSING A SCHEDULE II CONTROLLED SUBSTANCE, SHALL OBTAIN A PATIENT UTILIZATION REPORT REGARDING THE PATIENT FOR THE PRECEDING TWELVE MONTHS FROM THE CONTROLLED SUBSTANCES PRESCRIPTION MONITORING PROGRAM'S CENTRAL DATABASE TRACKING SYSTEM AT THE BEGINNING OF EACH NEW COURSE OF TREATMENT. THE ARIZONA STATE BOARD OF PHARMACY SHALL ESTABLISH A PROCESS TO PROVIDE TO A DISPENSER A WAIVER FOR UP TO ONE YEAR AFTER THE EFFECTIVE DATE OF THIS AMENDMENT TO THIS SECTION FROM THE REQUIREMENT IN THIS SUBSECTION DUE TO TECHNOLOGICAL LIMITATIONS THAT ARE NOT REASONABLY WITHIN THE CONTROL OF THE DISPENSER OR OTHER EXCEPTIONAL CIRCUMSTANCES AS DEMONSTRATED BY THE DISPENSER.

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Arkansas	☑	☐	Prescribers shall query when prescribing: 1) an opioid from Sch. II or III for every time prescribing the medication to a patient; and 2) a benzodiazepine for the first time prescribing; exceptions to the query requirement for practitioners administering a CS immediately before or during surgery; during recovery from a surgery while in a healthcare facility; in a healthcare facility; or necessary to treat the patient in an emergency situation at the scene of an emergency, in a licensed ambulance or air ambulance, or in the intensive care unit of a licensed hospital; exceptions to the query requirement for practitioners administering a CS to a patient receiving palliative or hospice care, a resident in a nursing home facility, or situations in which the PDMP is not accessible; a licensed oncologist to query the PDMP when prescribing to a patient on an initial malignant episodic diagnosis and every three months when following the diagnosis while continuing treatment; Further provides that if the information appears to indicate misuse or abuse, the department shall notify the practitioners and dispensers who have prescribed and dispensed in the following manner: quarterly reports to the individual prescribers and dispensers and, if after 12 months of providing such reports, the information indicates the misuse or abuse may be continuing, the department shall send a report to the licensing boards of the practitioner or dispenser who prescribed or dispensed the prescription. 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; Advanced practice registered nurses shall query the PDMP at least every six months when prescribing for chronic, non-malignant pain; optometrists, physicians, and APRNs who have been found to be in violation of a law or regulation involving prescription drugs shall query the PDMP prior to writing a prescription for an opioid; 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. APRNs with prescriptive authority shall review PDMP report from the Prescription Drug Monitoring Program prior to prescribing: a. An opioid from Schedule II or Schedule III every time prescribing the medication to a patient; and b. A benzodiazepine medication for the first time and every six (6) months thereafter prescribing for a patient. Optometrists shall query the PDMP when prescribing an opioid from Schedule II or III for every time prescribing the medication to a patient and a benzodiazepine medication for the first time prescribing the medication to a patient.

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California	☑	☐	Effective October 2, 2018, prescribers are statutorily mandated to consult the CURES database prior to prescribing a Schedule II, III, or IV controlled substance to a patient for the first time, and at least every 4 months thereafter if the substance remains part of the patient's treatment. Commencing January 1, 2021 prescribers will be additionally requiring to consult the CURES database prior to prescribing a Schedule II, III, IV, or V controlled substance to a patient for the first time and at least every 6 months thereafter if the substance remains part of the patient's treatment.
Colorado	☑	☐	C.R.S. 12-280-404(4) (a) Each practitioner or his or her designee shall query the program prior to prescribing the second fill for an opioid unless the patient receiving the prescription: (I) Is receiving the opioid in a hospital, skilled nursing facility, residential facility, or correctional facility; (II) Has been diagnosed with cancer and is experiencing cancer-related pain; (III) Is undergoing palliative care or hospice care; (IV) Is experiencing post-surgical pain that, because of the nature of the procedure, is expected to last more than fourteen days; (V) Is receiving treatment during a natural disaster or during an incident where mass casualties have taken place; or (VI) Has received only a single dose to relieve pain for a single test or procedure. (b) The program must use industry standards to allow providers or their designees direct access to data from within an electronic health record to the extent that the query relates to a current patient of the practitioner. © A practitioner or his or her designee complies with this subsection (3.6) if he or she attempts to access the program prior to prescribing the second fill for an opioid, and the program is not available or is inaccessible due to technical failure. (d) A violation of this subsection (3.6) does not create a private right of action or serve as the basis of a cause of action. A violation of this section does not constitute negligence per se or contributory negligence per se and does not alone establish a standard of care. Compliance with this section does not alone establish an absolute defense to any alleged breach of the standard of care.
Connecticut	☑	☐	Prior to prescribing greater than a 72-hour supply of any controlled substance to any patient; when prescribing a controlled substance, other than a Schedule V non-narcotic substance, for the continuous or prolonged treatment of any patient, shall query the PDMP not less than once every 90 days; when prescribing a Schedule V non-narcotic substance, shall query the PDMP at least annually. If the PDMP isn't operational, may prescribe greater than a 72-hour supply during the time of the program's inoperability, providing the practitioner or authorized agent reviews the PDMP for the patient not more than 24 hours after regaining access to the program.

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Delaware	☑	☑	A prescriber, or other person authorized by the prescriber, shall obtain, before writing a prescription for a controlled substance listed in Schedule II, III, IV or V for a patient, a patient utilization report regarding the patient for the preceding 12 months from the computerized program established by the Office of Controlled Substances when the prescriber has a reasonable belief that the patient may be seeking the controlled substance, in whole or in part, for any reason other than the treatment of an existing medical condition. The prescriber shall review the patient utilization report to assess whether the prescription for the controlled substance is necessary. Regulations: 9.5First time, outpatient prescription for Acute Pain; maximum seven-day supply. 9.5.1When issuing a prescription for an opioid analgesic to an adult patient for outpatient use for the first time, for an Acute Pain Episode, a practitioner may not issue a prescription for more than a seven-day supply. 9.5.2A practitioner may not issue a prescription for an opioid analgesic to a minor for more than a seven-day supply at any time and shall discuss with the parent or guardian of the minor the risks associated with opioid use and the reasons why the prescription is necessary. 9.5.3Notwithstanding subsections 9.5.1 and 9.5.2, if, in the professional medical judgment of a practitioner, more than a seven-day supply of an opiate is required to treat the adult or minor patient's acute medical condition, then the practitioner may issue a prescription for the quantity needed to treat such acute medical condition. The condition triggering the prescription of an opiate for more than a seven-day supply shall be documented in the patient's medical record, the practitioner shall query the PMP to obtain a prescription history, and the practitioner shall indicate that a non-opiate alternative was not appropriate to address the medical condition and comply with subsections 9.6.4 and 9.6.5. 9.6Subsequent prescriptions. Subject to the exemptions set forth in subsection 9.7, after the first time prescription, or after the patient has been issued outpatient prescription(s) totaling up to a seven day supply, prior to issuing a subsequent prescription for an opioid analgesic for Acute Pain, the practitioner must perform an appropriate evaluation of the patient's medical history and condition, including the following: 9.6.1Query the PMP to obtain a prescription history for the first subsequent prescription that goes beyond the initial 7-day period and, for any subsequent prescriptions after that, the PMP shall be queried at the discretion of the practitioner unless otherwise required; 9.6.2Administer a fluid drug screen, at the discretion of the practitioner; 9.6.3Conduct a physical examination which must include a documented discussion between the practitioner and patient to: Elicit relevant history, explain the risks and benefits of opioid analgesics and possible alternatives to the use of opioid analgesics, identify other treatments tried or considered, and determine whether opioid analgesics are contra-indicated; 9.6.4Obtain an Informed Consent form, signed by the patient (or the patient's proxy), that must include information regarding the drug's potential for addiction, abuse, and misuse; and the risks associated with the drug of life-threatening respiratory depression; overdose as a result of accidental exposure

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	Prescriber	Dispenser	potentially fatal, especially in children; neonatal opioid withdrawal symptoms; and potentially fatal overdose when interacting with alcohol; and other potentially fatal drug/drug interactions, such as benzodiazepines; and 9.6.5Schedule and undertake periodic follow-up visits and evaluations of the patient to monitor and assess progress toward goals in the treatment plan and modify the treatment plan, as necessary. The practitioner must determine whether to continue the treatment of pain with an opioid analgesic, whether there is an available alternative, whether to refer the patient for a pain management or substance abuse consultation. 9.7Exemptions to subsection 9.6: 9.7.1If a patient has been discharged from an in-patient facility or out-patient surgical center, and, in the professional medical judgment of the practitioner, more than a seven-day supply of an opiate is required to treat the patient's acute medical condition, the practitioner may issue a second prescription for not more than a seven-day supply without satisfying the requirements of subsection 9.6. 9.7.2If a practitioner satisfies the requirements of subsection 9.6 at the time of the first time prescription, the practitioner may issue a subsequent prescription for not more than a seven-day supply without repeating the requirements of subsection 9.6. 9.8Chronic Pain patients. In addition to the requirements of subsection 9.6, the practitioner must adhere to the following additional requirements for Chronic Pain patients: 9.8.1Query the PMP at least every six months, more frequently if clinically indicated, or whenever the patient is also being prescribed a benzodiazepine; 9.8.2Query the PMP whenever the patient is assessed to potentially be at risk for substance abuse or misuse or demonstrates such things as loss of prescription(s), requests for early refills or similar behavior; 9.8.3Administer fluid drug screens at least once every six months; 9.8.4Obtain a signed Treatment Agreement, pursuant to subsection 9.3.13; 9.8.5Conduct a Risk Assessment as defined in subsection 9.3.10; 9.8.6Document in the patient's medical record alternative treatment options that have been tried by the patient, including non-pharmacological treatments, and their adequacy with respect to providing sufficient management of pain; 9.8.7Make efforts to address psychiatric and medical comorbidities concurrently, rather than sequentially, when concurrent treatment is clinically feasible; and 9.8.8At the practitioner's discretion, seek a case review and consult with, or otherwise refer the patient to, a state-licensed physician who holds a subspecialty board certification in addiction psychiatry from the American Board of Psychiatry and Neurology or an addiction certification from the American Board of Addiction Medicine or an addiction specialist if any of the following occur: 9.8.8.1Adulterated drug tests; 9.8.8.2Diversion of prescribed medications; or 9.8.8.3The patient has obtained controlled substances elsewhere without disclosure to the physician, as evidenced by PMP data. 9.9Practitioners treating the following patients are exempted from the requirements of this Regulation: 9.9.1Hospice care patients; 9.9.2Active cancer treatment patients; 9.9.3Patients experiencing cancer-related pain; 9.9.4Terminally ill/palliative

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			care patients; and 9.9.5Hospital patients, during the hospital stay, including any prescription issued at the time of discharge, so long as that discharge prescription is for a quantity of a 7-day supply or less. (d) A dispenser including those dispensing an amount deemed medically necessary for a 72-hour supply, shall submit the required information regarding each prescription dispensed for a controlled substance, in accordance with the transmission methods and frequency established by regulation issued by the Office of Controlled Substances. When needed for bona fide research purposes and in accordance with applicable regulation, the Office of Controlled Substances may require a dispenser to submit the required information regarding each prescription dispensed for a drug of concern, but in no event should dispensers be required to submit such information any more frequently than that required for controlled substances. The following information shall be submitted for each prescription: (1) Pharmacy name; (2) Dispenser DEA registration number; (3) Dispenser National Provider Identifier (NPI); (4) Date drug was dispensed; (5) Prescription number; (6) Whether prescription is new or a refill; (7) NDC code for drug dispensed; (8) Quantity dispensed; (9) Approximate number of days supplied; (10) Patient name and date of birth; (11) Patient address; (12) Prescriber DEA registration number and name; (13) Prescriber NPI; (14) Date prescription issued by prescriber. (e) When a dispenser has a reasonable belief that a patient may be seeking a controlled substance listed in Schedule II, III, IV or V for any reason other than the treatment of an existing medical condition, the dispenser shall obtain a patient utilization report regarding the patient for the preceding 12 months from the Prescription Monitoring Program before dispensing the prescription.
Florida	☑	☑	Effective July 1, 2018, a prescriber must query the PDMP database prior to prescribing a controlled substance in schedules II-V. Effective July 1, 2018, a dispenser must query the PDMP database prior to dispensing a controlled substance in schedules II-V. Provides that a qualified physician may issue a physician certification for the medical use of marijuana only if the physician has reviewed the patient's controlled drug prescription history in the PMP.
Georgia	☑	☐	Requires each physician owning or practicing in a pain management clinic to regularly check the PMP on all new and existing patients. Required to check when first prescribing a controlled substance or benzodiazepines and thereafter once every 90 days with some exemptions. Effective 7-1-19, a pharmacist who dispenses low THC oil shall query information on a registered patient in the PDMP prior to dispensing low THC oil to a patient and a physician shall query the PDMP prior to certifying a patient to the department as being diagnosed with a specific condition that requires the use of low THC oil as treatment.

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Guam	☑	☐	A prescriber, or licensed health care practitioner duly authorized by a prescriber, shall, before writing a prescription for a controlled substance listen in Schedule II, III, IV, or V for a patient, obtain a patient utilization report regarding the patient for the preceding twelve (12) months from the computerized program established by the Department pursuant to § 67.301(a) of Title 9 Guam Code Annotated, Chapter 67, if the prescriber has a reasonable belief that the patient may be seeking the controlled substance, in whole or in part, for any reason other than the treating of an existing medical condition and: (1) the patient is a new patient of the prescriber, or (2) The patient has not received any prescription for a controlled substance from the prescriber in the preceding twelve (12) months. Title 26 Guam Administrative Rules and Regulations, Division 1, Chapter 4, Article 18, § 41810(d)
Hawaii	☑	☐	Prescribers must query prior to prescribing a Schedule II - IV controlled substance; as necessary. The mandatory query requirement does not apply to any prescription: (1) for a supply of three days or less that is made in an emergency situation, by an emergency medical provider, or in an emergency room; (2) that will be administered directly to a patient under the supervision of a health care provider licensed to practice within the state, provided that a medically-indicated query of the PDMP is made when the patient is initially admitted for inpatient care at a hospital; (3) that it is an initial prescription for a patient being treated for post-operative pain, provided that the prescription is limited to a 3-day supply with no refills; (4) for a patient with a terminal disease receiving hospice or other types of palliative care; for purposes of this paragraph, “terminal disease,” means an incurable and irreversible disease that will, within reasonable medical judgment, produce death within six months; or (5) prescribed while the state PDMP is non-functional.
Idaho	☑	☐	Prior to issuing to a patient a prescription for outpatient use for an opioid analgesic or benzodiazepine listed in Schedule II, III or IV, the prescriber or prescriber’s delegate shall review the patient’s prescription drug history for the preceding twelve months from the PDMP and evaluate the data for indicators of prescription drug diversion or misuse.
Illinois	☑	☐	Effective January 1, 2018, each prescriber or his/her designee shall document an attempt to access patient information in the PDMP to assess patient access to controlled substances when providing an initial prescription for Schedule II narcotics such as opioids, except for prescriptions for oncology treatment or palliative care, or a 7-day or less supply provided by a hospital emergency department when treating an acute, traumatic medical condition. This attempt to access shall be documented in the patient's medical record.

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Indiana	☑	☑	Requires adoption of regulations that require an opioid treatment provider who prescribes opioid medication for a patient in an opioid treatment program periodically review the PDMP for that patient. Practitioners must query the PDMP prior to initially prescribing ephedrine, pseudoephedrine, or a controlled substance for a patient and periodically thereafter while treatment with that substance continues. The following practitioners are required to query the PDMP before prescribing an opioid or benzodiazepine to the patient: (1) a practitioner who has had PDMP information integrated into the patient's electronic health records; (2) a practitioner who provides services to the patient in the emergency department of a hospital or a pain management clinic; (3) beginning January 1, 2020, a practitioner who provides services to the patient in a hospital; and (4) beginning January 1, 2021, all practitioners.
Iowa	☑	☐	Legislation effective 7-1-18 will require each prescriber's overseeing licensing board to develop rules regarding mandatory use. Practitioners must query the PDMP prior to prescribing an opioid. Before prescribing a psychotropic medication that is classified as a controlled substance, a psychologist shall check the patient's prescriptive profile using the PDMP. Prior to prescribing an opioid, a physician assistant shall review the patient's information in the PDMP, unless the patient is receiving inpatient hospice care or long-term residential facility patient care. An optometrist shall review the patient's information in the PDMP, unless the patient is receiving inpatient hospice care or long-term residential care facility. An optometrist shall review the patient's information in the PDMP, unless the patient is receiving inpatient hospice care or long-term residential care facility .

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Kentucky	☑	☐	Prior to initial prescription for a C-II and no less than every three months. Additional PDMP query requirements specific to the individual prescriber licensure boards. Prior to the initial prescribing or administration of a Schedule II controlled substance, the dentist shall obtain and review a PDMP report for the 12-month period immediately preceding the patient encounter and appropriately utilize that data in the evaluation and treatment of the patient. Provides that the query requirement does not apply when prescribing or administering a controlled substance as part of the patient's hospice or end-of-life treatment, to a patient admitted to a licensed hospital as an inpatient or observation patient, during and as part of a normal and expected part of the patient's course of care, for the treatment of pain associated with cancer or the treatment of cancer, or as necessary to treat a patient in an emergency situation. Provides that a dentist shall obtain and review a new PDMP report if the treatment extends beyond three months. Provides that if prescribing or dispensing a controlled substance, the podiatrist shall query the PDMP for all data available on the patient for the 12 month period immediately preceding the patient encounter and appropriately use that data in the evaluation and treatment of the patient. Provides that if the course of the patient's treatment with a controlled substance extends beyond three months, the podiatrist shall, among other things, obtain and review a PDMP report on the patient no less than once every three months for all available data on the patient for the 12 month period immediately preceding the query and modify or terminate treatment as appropriate. Requires physicians, who prescribe or dispense Buprenorphine-Mono-Product or Buprenorphine-Combined-with-Naloxone, to obtain and review a Kentucky All Schedule Prescription Electronic Reporting System (KASPER) report for that patient for the twelve (12) month period immediately preceding the initial patient encounter and appropriately utilize that information in the evaluation and treatment of the patient.
Louisiana	☑	☐	Prior to initially prescribing any opioid to a patient and shall access the Prescription Monitoring Program and review the patient's record at least every ninety days if the patient's course of treatment continues for more than ninety days. Physicians treating patients for chronic pain shall query the PDMP and shall continue to query the PDMP during treatment with opioids. An emergency rule, effective 8/1/2020 includes a requirement that prior to dispensing any marijuana product to a patient, the marijuana produce dispensing pharmacist shall review the patient's records in the Louisiana prescription monitoring program. The pharmacist shall resolve any concerns identified in that review by consultation with the recommending physician.

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Maine	☑	☑	Mandated use of the PDMP upon initial prescription of an opioid or benzodiazepine medication and every 90 days for as long as the prescription is active. PDMP check must be completed if any of the following conditions are met: Person is not a Maine resident Prescription is from a prescriber with an address outside the State of Maine Person is paying cash with prescription insurance on file Person has not had a prescription for a benzo or opioid in the past 12 months. All prescribers of medication-assisted treatment are required to consult the PDMP prior to initial treatment, changes in dosages, and as clinically indicated. Office-based opioid treatment clinicians shall register with the PDMP and comply with laws regarding reporting on dispensed controlled substances and shall query the PDMP prior to initiating office-based opioid treatment and at least every 90 days thereafter or more frequently when clinically indicated.
Maryland	☑	☑	Starting 7/1/2018, when prescribing a new course of treatment with an opioid or benzodiazepine, and if that course of treatment continues, at least every 90 days after. Starting 7/1/2018, when dispensing ANY CDS prescription, if they have reason to believe the prescription is being filled for something other than a legitimate medical diagnosis (corresponding responsibility under federal regulations).
Massachusetts	☑	☐	Prescribers must look up patients each time they write a Schedule II or III opioid or when prescribing a benzodiazepine every time to the patient. A practitioner must query the PDMP prior to prescribing, to a patient for the first time, a Schedule IV or V controlled substance, as designated in guidance to be issued by the Department. Before issuing a written certification for medical marijuana, a certifying healthcare provider must query the PDMP, unless otherwise specified by the Commission, to review the qualifying patient's prescription history.
Michigan	☑	☐	Beginning June 1, 2018, before issuing a CS prescription for more than a three day supply. Exemptions for patients receiving hospice care from the bona fide patient/practitioner relationship requirement and, further, provides that the mandatory query requirement does not apply if the patient is a hospice patient and the licensed prescriber has obtained and reviewed a PDMP report concerning the patient at the time the patient was admitted to hospice

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Minnesota	☑	☐	8-1-2013/The medical director or the medical director's delegate at an OTP, must review data from the PMP. 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. 1-1-2021/A prescriber or an agent or employee of the prescriber to whom the prescriber has delegated the task of accessing the data, must access the data submitted (1) before the prescriber issues an initial prescription order for a Schedules II through IV opiate controlled substance to the patient; and (2) at least once every three months for patients receiving an opiate for treatment of chronic pain or participating in medically assisted treatment for an opioid addiction. Several exemptions to required use are defined in MN Statute § 152.126, Subd. 6(e).
Mississippi	☑	☑	all providers and dispensers – regulated by each respective board; for pharmacists: prior to dispensing a prescription for a Schedule II opiate, a pharmacist shall review the prescription monitoring program based on any of the following circumstances: a) the patient is a new customer to that pharmacy; or b) the patient has not had an opioid prescription at that pharmacy within six (6) months; the prescription monitoring program shall be reviewed at least once every six (6) months for any patient receiving controlled substances.
Montana	☑	☐	A prescriber or agent of a prescriber is required to query the PDMP before the prescriber issues a prescription for an opioid or a benzodiazepine for a patient unless: (1) the patient is receiving hospice care; (2) the prescription is for a number of doses that is intended to last the patient seven days or less and cannot be refilled; (3) the prescription drug is lawfully administered to a patient in a health care facility; (4) due to an emergency, it is not possible to review the patient's records in the PDMP before the prescriber issues the prescription for the patient; (5) the patient is being treated for chronic pain and the prescriber reviews the patient's records under the PDMP every three months; or (6) it is not possible to review the patient's records because the PDMP is not operational or because of other technological failure if the failure is reported to the board

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Nevada	☑	☐	NRS 639.23507 1. A practitioner , other than a veterinarian, shall, before issuing an initial prescription for a controlled substance listed in schedule II, III or IV and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, obtain a patient utilization report regarding the patient from the computerized program established by the Board and the Investigation Division of the Department of Public Safety pursuant to NRS 453.162 . The practitioner shall: (a) Review the patient utilization report to assess whether the prescription for the controlled substance is medically necessary; and (b) Determine whether the patient has been issued another prescription for the same controlled substance that provides for ongoing treatment using the controlled substance. If the practitioner determines from the patient utilization report or from any other source that the patient has been issued such a prescription, the practitioner shall not prescribe the controlled
New Hampshire	☑	☐	They are required to query the PDMP for all scheduled II, III and IV opioids for the treatment and management of pain and when for chronic pain for the initial prescription and at least twice within the year.
New Jersey	☑	☑	Prescribers - prior to initial issuance of a prescription for ANY schedule opioid or benzodiazepine; and no less frequently than quarterly thereafter. Dispensers - ONLY if they suspect the patient is acquiring the medication for abuse, misuse or diversion. Exemptions for a practitioner who is prescribing no more than a 5-day supply of a controlled substance to a patient immediately, but no more than 24 hours, after the patient has undergone an operation or treatment for acute trauma, in a general hospital or a licensed ambulatory care facility is exempt from the query requirement.
New Mexico	☑	☑	Refer to each healthcare licensing board for specific rules. Before a practitioner prescribes or dispenses for the first time, a controlled substance in Schedule II – V to a patient for a period greater than four days, or if there is a gap in prescribing a controlled substance for 30 days or more, the practitioner shall review the PDMP report for the patient for the preceding 12 months and, when available, shall review similar reports from adjacent states, and shall query the PDMP for the patient every three months during the continuous use of a controlled substance for each patient. Provides that a practitioner is not required to query the PDMP before prescribing, ordering, or dispensing a Schedule II – V substance for a patient for a period of four days or less; to a patient in a nursing facility; to a patient in hospice care; or when prescribing, dispensing, or administering of: testosterone, pregabalin, lacosamide, ezogabine, or stimulant therapy for pediatric patients less than age 14. Practitioners licensed to practice in an opioid treatment program shall query the PDMP upon a patient's initial enrollment into the program and every three months thereafter while prescribing, ordering, administering, or dispensing opioid treatment medications in Schedule II – V for the purpose of treating opioid use disorder.

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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, Residential treatment programs for individuals with substance use disorders must query the PDMP prior to admitting the patient to determine any and all medications which may be prescribed to the patient or prospective patient; requires chemical dependence outpatient and opioid treatment programs to query the PDMP prior to admitting a new patient to determine any and all medications which may be prescribed to a patient or prospective patient and requires that patients admitted to opioid medical maintenance have verified stability in the PDMP and that PDMP checks be performed as clinically indicated. Effecitve 4-3-20, every practitioner shall consult the PDMP prior to making or issuing a certification for medical cannabis, for the purpose of reviewing a patient's controlled substance history.
North Carolina	☑	☑	Requires prescribers to query the PDMP for a patient prior to initially prescribing a targeted controlled substance for that patient and every three months thereafter when such substance remains part of the patient's treatment. Provides other instances when a prescriber may, but is not required to, query the PDMP, including: 1) when the CS is administered to a patient in a health care setting, hospital, nursing home, or residential care facility; 2) the CS is prescribed for the treatment of cancer or another condition associated with cancer; 3) the CS is prescribed to a patient in hospice or palliative care. Requires that dispensers query the PDMP prior to dispensing a targeted controlled substance: 1) if the dispenser has a reasonable belief that the patient may be seeking the substance for any reason other than treatment of the patient's medical condition; 2) the prescriber is located outside the usual geographic area served by the dispenser; 3) the patient resides outside the usual geographic area served by the dispenser; 4) the patient pays with cash when s/he has insurance on file; 5) the patient demonstrates potential misuse of a CS by over-utilization, requests for early refills, multiple prescribers, appearance of being overly sedated or intoxicated upon presenting a prescription, and/or a request by an unfamiliar patient for an opioid drug by a specific name, street name, color, or identifying marks.

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North Dakota	☑	☑	Each board has setup up their own requirements for accessing the ND PDMP under certain circumstances. Requires opioid treatment programs to use the PMP at least monthly for each patient. Prior to dispensing a prescription, each dispenser licensed by a regulatory agency in the state of North Dakota who dispenses a controlled substance to a patient, for the treatment of pain or anxierty shall, at a minimum, request and reciew a prescription drug monitoring report covering at least a one-year time period or another state's report, or both reports, when applicable and available, if the dispenser becomes aware of a person currently: a. receiving reported drugs from multiple prescribers; b. receiving reported drugs for more than twelve consecutive weeks; c. abusing or misusing reported drugs; d. requesting the dispensing of a reported drug from a prescription issued by a prescriber with whom the dispenser is unfamiliar; or e. presenting a prescription for reported drugs when the patient resides outside the usual pharmacy goegraphic patient population. 2. After obtaining an initial prescription drug monitoring report on a patient, a dispenser shall use professional judgment based on prevailing standards of practice in decideing the frequency of requesting and reviewing further prescription drug monitoring reports or other state's reports, or both reports for that patient. 3. in the rare event a report is not immediately available, the dispenser shall use professional judgement in determining whether it is appropriate and in the patient's best interest to dispense the prescription prior to receiving and reviewing a report. 4. For the purpose of compliance with subsection 1, a report could be obtained through a prescription drug monitoring program integration with software or also a board-approved aggregate tool, for which the NARxCHECK will be an approved tool. The national association of boards of pahrmacy foundatoin's NARxCHECK service is a risk assessment tool for health care providers and pharmacists that accesses patient prescription information from prescription drug monitoring databases, analyzes the data, and provides a risk-based score that includes prescription drug monitoring program data and graphical analysis to assis in prescribing and dispensing decisions. prior to the initial prescription of any controlled substance, including samples, an optometrist authorized by the DEA to prescribe, administer, sign for, dispense, or procure pharmaceuticals shall authorize an employee to review or personally request and review the PDMP for all available PDMP data on the patient, and shall do all the following: (1) assess a patient’s PDMP data every 12 months during the patient’s treatment with a controlled substance; (2) review the patient’s PDMP data if the patient requests early refills or demonstrates a pattern of taking more than the prescribed dosage; (3) review the patient’s PDMP data if there is a suspicion of or a known drug overuse, diversion, or abuse by the patient; (4) document the assessment of the patient’s PDMP data; (5) discuss the risks and benefits of the use of controlled substances with the patient; (6) request and review PDMP data on the patient if the practitioner becomes aware that a patient is receiving controlled substances from multiple prescribers; (7) request and review the patient’s PDMP data if the

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			prescriber has a reasonable belief that the patient may be seeking the controlled substance, in whole or in part, for any reason other than the treatment of an existing medical condition. An optometrist shall not be required to query the PDMP if any of the following apply: (1) the controlled substance is prescribed or dispensed for a patient who is currently receiving hospice care; (2) the optometrist obtains a report through a Board-approved risk assessment tool for health care providers that accesses patient prescription information from prescription drug monitoring program databases, analyzes the data, and provides a risk based score that includes PDMP data; or (3) the optometrist prescribes a controlled substance after the performance of a primary eye care procedure and no more than a 72-hour supply is prescribed.
Northern Mariana Islands	☑	☑	
Ohio	☑	☑	For opioids and benzodiazepines, prior to issuing first prescription AND every 90 days as long as treatment continues; for other controlled substances, at the point it is known that therapy will continue for 12 weeks AND annually as long as therapy continues. Prior to dispensing first reportable drug for patient AND each time a new reportable drug is added to the patient's therapy AND at least annually as long as therapy continues. A a physician who provides OBOT shall perform and document an assessment of the patient, which shall include a review of the patient's prescription information in the PDMP and shall take steps to reduce the chances of buprenorphine diversion by using the lowest effective dose, appropriate frequency of office visits, pill counts, and checks of the PDMP. Managing pharmacists shall review a border state's PDMP information when the pharmacist is practicing in a county bordering another state. Mandated review of an OARRS report is required if a new or different controlled substance dangerous drug is added to a patient's therapy, if 12 or more months have passed since an OARRS report has been reviewed, the prescriber is outside the usual pharmacy geographic area, the patient is from outside the usual pharmacy geographic area, the pharmacist has reason to believe the patient has received Rx's for controlled substance dangerous drugs from more than one prescriber in the preceding three months or the patient is exhibiting signs of abuse or diversion.
Oklahoma	☑	☐	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.
Oregon	☑	☐	Pharmacists with authority to prescribe pseudoephedrine products must query the PDMP prior to issuing such a prescription.

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Pennsylvania	☑	☑	System query.--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 baseline and a thorough medical record; (2) if a prescriber believes or has reason to believe, using sound clinical judgment, that a patient may be abusing or diverting drugs; or (3) each time a patient is prescribed an opioid drug product or benzodiazepine by the prescriber. System query.-- (1) A dispenser shall query the system before dispensing an opioid drug product or a benzodiazepine prescribed to a patient if any of the following apply: (i) The patient is a new patient of the dispenser. (ii) The patient pays cash when they have insurance. (iii) The patient requests a refill early. (iv) The patient is getting opioid drug products or benzodiazepines from more than one prescriber. (2) For the purposes of this subsection, a new patient does not include an individual going to the same pharmacy, or a different physical location of that pharmacy, if the patient's record is available to the dispenser. ((e) added Nov. 2, 2016, P.L.980, No.124)
Rhode Island	☑	☐	All prescribers who hold a CSR (controlled substance registration) must check the PDMP prior to initially prescribing any opioid and regardless how the prescription is issued, prescribers must review the PDMP and must recheck the PDMP at least every three months. 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. Requires that a practitioner query the PMP prior to issuing a written certification for medical marijuana and make a judgment about the potential for drug interaction, adverse events, or untoward clinical outcome from adding medical marijuana.

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South Carolina	☑	☐	A practitioner, or the practitioner's authorized delegate, shall review a patient's controlled substance prescription history, as maintained in the prescription monitoring program, before the practitioner issues a prescription for a Schedule II controlled substance. The requirements of this section do not apply to: (1)a practitioner issuing a prescription for a Schedule II controlled substance to treat a hospice certified patient; (2)a practitioner issuing a prescription for a Schedule II controlled substance that does not exceed a five day supply for a patient; (3)a practitioner prescribing a Schedule II controlled substance for a patient with whom the practitioner has an established relationship for the treatment of a chronic condition; however, the practitioner must review the patient's controlled substance history maintained in the prescription monitoring program at least every three months; (4)a practitioner approving the administration of a Schedule II controlled substance by a health care provider licensed in South Carolina; (5)a practitioner prescribing a Schedule II controlled substance for a patient in a skilled nursing facility, nursing home, community residential care facility, or an assisted living facility and the patient's medications are stored, given, and monitored by staff; or (6)a practitioner who is temporarily unable to access the prescription monitoring program due to exigent circumstances; however, the exigent circumstances and the potential adverse impact to the patient if the prescription is not issued timely must be documented in the patient's medical record.
Tennessee	☑	☑	Healthcare practitioners shall query the PDMP at the beginning of each new episode of treatment and semi-annually when that controlled substance remains part of the treatment; when dispensing a controlled substance, all healthcare practitioners shall query the PDMP prior to dispensing certain controlled substances to the patient for the first time at that practice site and at least semi-annually; before prescribing or dispensing, a healthcare practitioner shall query the PDMP if the practitioner is aware or reasonably certain that the person is attempting to obtain a Sch. II – V controlled substance for fraudulent, illegal, or medically inappropriate purposes. Nonresidential office-based opiate treatment facilities shall query the PMP upon every visit of the patient with a program physician.

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Texas	☑	☑	Effective 3-1-20, a pharmacy is required to query the PDMP if s/he observes behavior by a patient indicating possible drug diversion or abuse based on the guidelines developed by the board. Practitioners, other than veterinarians, are required to query the PDMP before prescribing or dispensing opioids, benzodiazepines, barbiturates, or carisoprodol with certain exceptions. Prior to prescribing a Schedule III – V analgesic, an optometric glaucoma specialist must review the prescription data and history related to the patient, if any, in the PDMP, unless: (1) the patient has been diagnosed with cancer or the patient is receiving hospice care and the optometric glaucoma specialist clearly notes such in the patient record; or (2) the optometric glaucoma specialist makes a good faith attempt to comply but is unable due to circumstances outside the specialist's control. Dentists are required to query the PDMP prior to prescribing or dispensing opioids, benzodiazepines, barbiturates, or carisoprodol beginning March 1, 2020. Effective 7-13-20, prior to prescribing opioids, benzodiazepines, barbiturates, or carisoprodol for the treatment of chronic pain, a physician must review prescription data and history related to the patient, if any, contained in the Prescription Drug Monitoring Program.
Utah	☑	☑	A prescriber shall query the PMP prior to the first time the prescriber prescribes a Sch. II or III opioid for a patient unless: 1) the prescription is for 3 days or less; 2) the prescriber has prior knowledge of the patient's prescription history based on the prescriber's review of the patient's health record; or 3) the prescription is post-surgical and the total duration of opioid is for 30 days or less. Provides that if the prescriber is repeatedly prescribing a Sch. II or III opioid to a patient, the prescriber shall periodically query the PMP or other similar records of controlled substances the patient has filled. §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. Any qualified medical provider who recommends or renews a recommendation for medical marijuana to review any record related to the patient in the state's electronic verification system and the controlled substance database.

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Vermont	☑	☑	Vermont Prescription Monitoring System Rule: 6.2 Prescriber-Required Querying of VPMS Prior to prescribing a controlled substance for a patient, Vermont licensed prescribers and/or their delegates must query the VPMS system in the following circumstances: 6.2.1 The first time the provider prescribes an opioid Schedule II, III, or IV controlled substance written to treat pain when such a prescription exceeds 10 pills or the equivalent; 6.2.2 When starting a patient on a Schedule II, III, or IV controlled substance for nonpalliative long-term pain therapy of 90 days or more; 6.2.3 Prior to writing a replacement prescription for a Schedule II, III, or IV controlled substance; 6.2.4 At least annually for patients who are receiving ongoing treatment (treatment without meaningful interruption) with an opioid Schedule II, III, or IV controlled substance; 6.2.5 The first time a provider prescribes a benzodiazepine; 6.2.6 When a patient requests an opioid prescription or a renewal of an existing prescription for pain from an Emergency Department or Urgent Care prescriber if the prescriber intends to write a prescription for an opioid; 6.2.7 With the exception of prescriptions written from an OTP, prior to prescribing buprenorphine or a drug containing buprenorphine to a Vermont patient for the first time and at regular intervals thereafter, and: 6.2.7.1 At regular intervals thereafter, but no less than twice annually; and 6.2.7.2 No fewer than two times annually thereafter; and 6.2.7.3 Prior to writing a replacement prescription. 6.2.8 In the case of an OTP, prior to prescribing buprenorphine, methadone, or a drug containing buprenorphine to a Vermont patient for the first time, and: 6.2.8.1 Annually thereafter; and 6.2.8.2 Any other time that is clinically warranted. 5.2 Pharmacist Required Querying of the VPMS All dispensers, with the exception of hospital-based dispensers dispensing a quantity of a Schedule II, III, or IV opioid controlled substance that is sufficient to treat a patient for fewer than 48 hours shall query the Vermont Prescription Monitoring System in the following circumstances: 5.2.1 Prior to dispensing a prescription for a Schedule II, III, or IV opioid controlled substance to a patient who is new to the pharmacy; 5.2.2 When an individual pays cash for a prescription for a Schedule II, III, or IV opioid controlled substance and the individual has prescription drug coverage on file; 5.2.3 When a patient requests a refill of a prescription for a Schedule II, III, or IV opioid controlled substance substantially in advance of when a refill would ordinarily be due; and 5.2.4 When the dispenser is aware that the patient is being prescribed Schedule II, III, or IV opioid controlled substances by more than one prescriber.

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Virginia	☑	☐	Prescribers must query the PDMP at the time of initiating a new course of treatment that includes the prescribing of opioids anticipated at the outset of treatment to last more than 7 days, except: 1) if it is prescribed to a patient receiving hospice or palliative care; 2) prescribed to a patient as part of treatment for a surgical or invasive procedure and such prescription is not refillable; 3) prescribed to a patient during an inpatient hospital admission or at discharge; 4) prescribed to a patient in a nursing home or assisted living facility that uses a sole source pharmacy; 5) the PDMP isn't operational; 6) prescriber is unable to access the PDMP due to emergency or disaster. Provides that, prior to initiating treatment with a controlled substance containing an opioid for a complaint of acute pain, the prescriber shall query the PMP and conduct an assessment of the patient's history and risk of substance abuse as part of the initial evaluation. Further provides that a practitioner shall query the PMP when evaluating patient with chronic pain. When treating patients with opioid therapy for chronic pain, practitioners shall query the PMP at least every three months after the initiation of treatment. Provides that, when treating patients with substance use disorder, patients shall query the PMP as part of an initial assessment. Prior to starting medication assisted treatment, practitioners shall query the PMP. Provides that, prior to initiating treatment with a controlled substance containing an opioid for a complaint of acute pain, the dentist shall query the PMP and conduct an assessment of the patient's history and risk of substance abuse as part of the initial evaluation. Further provides that if another prescription for an opioid is to be written beyond seven days, the dentist shall query the PMP. A nurse practitioner shall query the PMP when evaluating a patient with chronic pain. Prior to starting medication assisted treatment, practitioners shall query the PMP. A practitioner issuing a certification for cannabidiol oil or THC-A oil shall access or direct the practitioner's delegate to access the PDMP for the purpose of determining which, if any, covered substances have been dispensed to the patient. Opioid treatment program services to provide that OTP risk management shall be clearly and adequately documented in each individual's record and shall include, among other things, a check of the PDMP prior to initiation of buprenorphine products or naltrexone products and at least quarterly for all individuals thereafter. Office-based opioid treatment to provide that OBOT risk management shall be documented in each individual's record and shall include, among other things, a check of the PDMP prior to initiation of buprenorphine products or naltrexone products and at least quarterly for all individuals thereafter.
Washington	☑	☑	In 2017, the legislature passed a law that focuses on improving opioid prescribing, and on monitoring prescriptions. The law requires five healthcare professional boards and commissions to adopt new rules for prescribing opioid drugs: -Medical Commission -Board of Osteopathic Medicine and Surgery -Nursing Commission -Dental Quality Assurance Commission -Podiatric Medical Board

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West Virginia	☑	☐	Upon initially prescribing any Schedule II controlled substance, any opioid or any benzodiazepine to a patient who is not suffering from a terminal illness, and at least annually thereafter should the practitioner continue to treat the patient with a controlled substance, shall access the West Virginia Controlled Substances Monitoring Program Database for information regarding specific patients. The information obtained from accessing the West Virginia Controlled Substances Monitoring Program Database for the patient shall be documented in the patient's medical record maintained by a private prescriber or any inpatient facility licensed pursuant to the provisions of chapter 16 of this code.. 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. Requires opioid treatment programs to query the PMP upon admission of the patient, at least quarterly to determine if controlled substances other than those prescribed medication assisted treatment medications are being prescribed for the patient, and at each patient's physical assessment. Provides that the initial physical assessment of a patient seeking admittance to a medication assisted treatment program shall include an inquiry to and report from the PMP. Further provides that program physicians shall access the PMP at the patient's intake, before administration of MAT medications or other treatment in a MAT program, after the initial 30 days of treatment, prior to any take-home medication being granted, after any positive drug test, and at each 90-day treatment review.
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.
Wyoming	☑	☐	when a practitioner, other than a veterinarian, prescribes a Schedule II – V controlled substance, the practitioner or his delegate shall query the PDMP for prior prescriptions issued to the patient before first issuing the prescription and shall repeat the search every three months thereafter for as long as the controlled substance remains a part of the patient's treatment. Dentists register with and utilize the PDMP to promote the appropriate use of controlled substances for legitimate medical purposes, while deterring the misuse, abuse, and diversion of these substances. - Provides that a practitioner who prescribes a Schedule V controlled substance shall only be required to query the PDMP if the substance is an opioid.