

## Mandatory PDMP Use

**PDMP Use**

STATE	PDMP Use		Conditions, if applicable
	Prescriber	Dispenser	
Alabama	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Requirements for use of the PMP, including the following: 1) when prescribing a patient a controlled substance of more than 30 MME per day, physicians shall query the PMP for that patient at least two times per year; 2) physicians shall query the PMP every time a prescription for more than 90 MME per day is written on the same day the prescription is written; 3) for controlled substances totaling 30 MME or less, physicians are expected to use the PMP in a manner consistent with good clinical practice; Provides exemptions for query requirements including when writing prescriptions for nursing home patients; hospice patients, where the prescription indicates hospice on the physical prescription; when treating a patient for active, malignant pain; or, intra-operative patient care
Alaska	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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
Arizona	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Prior to prescribing an opioid analgesic or benzodiazepines listed in Sch. II – IV, practitioners shall query the PDMP at the beginning of each new course of treatment and at least quarterly while the substance remains part of the treatment, except if patient is receiving hospice care, care for cancer or cancer-related illness, direct administration to patient, the patient is receiving inpatient or residential treatment in a hospital, nursing care facility, or mental health facility, or the practitioner is a dentist and is prescribing the substance for no more than a 5-day supply following oral surgery; amends worker’s compensation statute to require physicians to request PMP information within two (2) business days of writing or dispensing prescriptions for at least a 30 day supply of an opioid and report the results to the work comp carrier, self-insured employer, or commission

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Arkansas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>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;</p> <p>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.</p>
California	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Practitioners authorized to prescribe, order, administer, or furnish controlled substances must query the PDMP prior to prescribing a Sch. II – IV controlled substance to a patient for the first time and at least once every four months thereafter if the substance remains part of the patient’s treatment; requires practitioners to query the PDMP prior to subsequently prescribing a Sch. II – IV controlled substance to a patient and at least once every four months thereafter if the substance remains a part of the patient’s treatment; veterinarians and pharmacists are exempt from requirement; additional exemptions are included</p>

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Connecticut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	require mandatory use of the PMP prior to prescribing a greater than 72-hour supply of any controlled substance to a patient and shall review the PMP not less than every 90 days when prescribing continuous or long term treatment with controlled substances; when prescribing a Schedule V non-narcotic controlled substance for the continuous or prolonged treatment of a patient, the prescriber or prescriber's agent shall review the PMP not less than annually
Delaware	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	When a prescriber/dispenser has a reasonable belief that a patient may be seeking a controlled substance for any reason other than the treatment of an existing medical condition, the prescriber/dispenser shall obtain a patient utilization report regarding the patient for the preceding 12 months from the Prescription Monitoring Program before issuing/dispensing the prescription. Prior to prescribing an extended-release hydrocodone lacking abuse-deterrent formula, a practitioner must query the PMP and review other prescriptions and for any amount greater than 40mg a day, must query the PMP no less frequently than once every 120 days for as long as the patient possesses a valid prescription for that amount. If, in the medical judgment of a practitioner, more than a 7-day supply of an opiate is required to treat a patient's acute medical condition, the practitioner shall query the PMP; after the first time outpatient prescription, or after the patient has been issued outpatient prescriptions totaling up to a 7-day supply, prior to issuing a subsequent prescription for an opioid analgesic for acute pain, the practitioner must query the PMP and, for any subsequent prescriptions, shall query the PMP at his/her discretion; for chronic pain patients, practitioners must query the PMP at least every six months, more frequently if indicated, or whenever the patient is also being prescribed a benzodiazepine; the practitioner must query the PMP whenever the patient is assessed to potentially be at risk for substance abuse or misuse or demonstrates such things as loss of prescriptions, requests for early refills, or similar behavior.
Florida	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Requires each physician owning or practicing in a pain management clinic to regularly check the PMP on all new and existing patients
Guam	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Prescribers required to check PDMP before first prescription for Controlled Substances for new patient.
Indiana	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.

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Kentucky	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Effective July 20, 2012 controlled substance prescribers must check KASPER prior to prescribing or dispensing a CII controlled substance or a CIII controlled substance containing hydrocodone.
Louisiana	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A prescriber shall access the Prescription Monitoring Program prior to initially prescribing any Schedule II controlled dangerous substance to a patient for the treatment of non-cancer-related chronic or intractable pain. A prescriber or his delegate shall query the PMP prior to initially prescribing any opioid to a patient and at least every 90 days if the patient's course of treatment continues for more than 90 days. The query requirement does not apply if the drug is prescribed or administered to a hospice patient or to any other patient who has been diagnosed as terminally ill; the drug is prescribed or administered for the treatment of cancer-related chronic or intractable pain; the drug is ordered or administered to a patient being treated in a hospital; the PMP is inaccessible or not functioning; no more than a 7-day supply of the drug is prescribed or administered to the patient. The medical director is responsible for applying to access and query the Louisiana Prescription Monitoring Program (PMP). The PMP is to be utilized by the medical director and the pain specialist as part of a clinics' quality assurance program to ensure adherence to the treatment agreement signed by the patient. Prescribers and dispensers of marijuana, tetrahydrocannabinols, or chemical derivatives of tetrahydrocannabinols review a patient's information in the PMP prior to such prescribing or dispensing
Maine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Prescribers, dispensers, and veterinarians are required to query the PMP. Prescribers required to check the PMP when initially prescribing a benzodiazepine or opiate to a person and every 90 days for as long as the prescription is renewed. Dispensers required to check the PMP prior to dispensing a benzodiazepine or opiate to a patient and provides that the dispenser shall notify the program and withhold a prescription until the dispenser is able to contact the prescriber if the dispenser has reason to believe that the prescription is fraudulent or deceptive; effective 1-1-17, requires dispensers to check the PMP prior to dispensing a benzodiazepine or opioid to a patient if: 1) the patient is not a resident of Maine; 2) the prescription is from a prescriber outside Maine; 3) the person is paying cash when the person has prescription insurance on file; or 4) according to the pharmacy record, the person has not had a benzodiazepine or opioid medication in the previous 12 months. The requirement to check the PDMP does not apply when a licensed or certified health care professional directly orders or administers a benzodiazepine or opioid medication to a person in an emergency room setting, an inpatient hospital setting, a long-term care facility, or a residential care facility, or when a licensed or certified health care professional directly orders, prescribes, or administers a benzodiazepine or opioid medication to a person suffering from pain associated with end-of-life or hospice care.

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Maryland	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Prescriber must request at the least the four months of PDMP data for a patient before initiating a course of treatment that includes prescribing or dispensing an opioid or benzodiazepine and query the PDMP at least every 90 days thereafter while such substance remains a part of the treatment; if a pharmacist has a reasonable belief that the patient may be seeking the drug for any purpose other than the treatment of existing medical conditions, he or she must query the PDMP prior to dispensing
Massachusetts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Prescribers must look up patients each time they write a Schedule II or III opioid; they must also look up patients when prescribing a benzodiazepine medication for the first time to the patient.
Michigan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provides that, in order to receive reimbursement for opioid treatment of a work comp patient beyond 90 days, the physician seeking reimbursement shall submit a written report to the payor not later than 90 days after the initial opioid prescription fill for chronic pain and every 90 days thereafter that includes a review of data received from the PMP for identification of past history of narcotic use and any concurrent prescriptions
Minnesota	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Upon admission to a methadone clinic outpatient treatment program, clients shall be notified that the Department of Human Services and the medical director will monitor the prescription monitoring program to review the prescribed controlled drugs the clients have received. The medical director or the medical director's delegate must review data from the Minnesota Board of Pharmacy prescription monitoring program (PMP) established under section 152.126 prior to the client being ordered any controlled substance as defined under section 152.126, subdivision 1, paragraph (b), including medications used for the treatment of opioid addiction. The subsequent reviews of the PMP data must occur quarterly and be documented in the client's individual file. When the PMP data shows a recent history of multiple prescribers or multiple prescriptions for controlled substances, then subsequent reviews of the PMP data must occur monthly and be documented in the client's individual file.
Mississippi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Each individual must be reviewed prior to admission and annually thereafter from the date of admission on the Prescription Drug Monitoring Program (PDMH) in MS and nearby states for which access is available to assess for appropriateness of Opiate Treatment Services. No individual is eligible for admission or continued services/treatment whose review indicates the potential for diversion and/or abuse of Methadone.
Nevada	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Before a practitioner prescribes a controlled substance he must request a PMP report if he believes the patient may be seeking the drug for a reason other than treatment of a medical condition, and: 1) it is a new patient; or 2) the practitioner has not prescribed a controlled substance to the patient within the last year, 3) if amount is greater than 7 day supply; Requires dentists to query themselves on the PMP at least once per year. A practitioner shall also query the PMP prior to prescribing an opioid that is a controlled substance listed in Sch. V

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New Hampshire	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Prescribers required to register with the program under this subdivision shall query the program for a patient’s initial prescription when prescribing schedule II, III, and IV opioids for the management or treatment of pain and then periodically and at least twice per year, except when: (i) Controlled substances administered to a patient in a health care setting; (ii) The program is inaccessible or not functioning properly, due to an internal or external electronic issue; or (iii) An emergency department is experiencing a higher than normal patient volume, and to query the program database would materially delay care. (B) When a situation falling under exception (A)(ii) or (iii) is applicable, such exception shall be documented in the patient’s medical record. Excludes veterinarians from the requirement to query the PMP. Requires dentists and nurses to query the PDMP prior to prescribing an initial Sch. II – IV opioid for management or treatment of patient’s pain and then periodically thereafter, at least twice per year, except if controlled substances are administered to the patient in a health care setting or when treating acute pain associated with traumatic injury, post-operatively, or with an acute medical condition for no more than 30 days.
New Jersey	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Prior to issuing a prescription for a Sch. II controlled substance or any other opioid drug in a course of treatment for acute or chronic pain, the practitioner shall query the PMP. If a Sch. II controlled substance or any other opioid drug is continuously prescribed for three months or more for chronic pain, the practitioner shall query the PMP. Does not apply to patients receiving treatment for cancer, hospice care, or resident of a long-term care facility or to any medications being used in the treatment of substance abuse or opioid dependence. When prescribing, dispensing, or administering controlled substances, practitioners (defined to mean physicians, podiatrists, physician assistants, and certified nurse midwives), certified advanced practice nurses, optometrists, and dentists shall query the PMP as required under statute. When controlled substances are continuously prescribed for management of chronic pain, practitioners shall query the PMP as required by statute.

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New Mexico	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>(1) the patient is a new patient of the practitioner, in which situation a patient PMP report for the previous 12 months shall only be required when Schedules II, III, and IV drugs are prescribed for a period greater than 10 days; and (2) during the continuous use of opioids by established patients a PMP shall be requested and reviewed a minimum of once every six months. Requires osteopathic physicians to check the PMP at each initial office visit which results in a prescription for an opiate based pain medication and at least annually thereafter as well as at critical turning points in patient care - Requires osteopathic physicians to register with the PMP. Requires an optometrist to query the PMP prior to prescribing or dispensing a Sch. II – IV controlled substance for the first time to a patient for a period of greater than four days, or if there is a gap in prescribing the controlled substance for 30 days or more. Dentists, Nurse Practitioners and Certified Nurse Midwives have mandatory PMP use requirements as part of their regulations. At this time all prescribers of controlled substances in NM have some type of mandatory PMP use regulation; veterinarians are excluded from registration requirement. Effective 1-1-17, requires practitioners, excluding veterinarians and pharmacists, to obtain and review a PMP report prior to prescribing or dispensing an opioid for the first time to a patient and a report from an adjacent state if the practitioner has access to such system and shall review said reports no less than once every three months when the practitioner continuously prescribes or dispenses opioids - Does not apply to the prescribing or dispensing of an opioid for a supply of four days or less - No requirement to access PMP when prescribing an opioid to a patient in a nursing facility or in hospice care. Dentists are required to query the PMP prior to prescribing or dispensing a Sch. II – V controlled substance to a patient for a period greater than four days, or if there is a gap in prescribing the controlled substance for 30 days or more and shall review PMP reports for adjacent states when available. A PMP report shall be reviewed a minimum of once every three months during the continuous use of a controlled substance. Exceptions to the query requirement – if prescribing, ordering, or dispensing for a period of less than four days; to a patient in a nursing facility; or to a patient in hospice care.</p>

Persons reporting prescription information to the PMP, but not authorized for access to PMP information must also apply for access.

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New York	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.
North Carolina	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Requires opioid treatment programs to use the PMP at least monthly for each patient. Requires that dispensers check the ND PMP, another state's PMP, or both prior to dispensing a controlled substance to a patient for the treatment of pain or anxiety if the dispenser becomes aware that the person is receiving reported drugs from multiple prescribers, receiving reported drugs for more than 12 consecutive weeks, abusing or misusing reported drugs, requesting dispensing of a reported drug from a prescriber with whom the dispenser isn't familiar, or is presenting a prescription from outside the usual geographic area. APNs with prescriptive authority must query the PDMP for new or unestablished patients requiring a controlled substance prescription, every six months during treatment with a controlled substance, when the client requests an early refill or engages in a pattern of taking more than the prescribed dosage, and upon suspicion or known drug overuse, diversion, or abuse by the patient.
Ohio	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Prior to initially prescribing any opioid or benzodiazepine, a prescriber must check the PMP. The prescriber must continue to check every 90 days thereafter, as long as treatment continues. A physician must obtain and review a PMP report at least annually for patients whose treatment with a reported drug other than an opioid analgesic or benzodiazepine lasts more than 90 days. Physicians who are prescribing or personally furnishing a reported drug must query the PDMP and shall query the PDMP of an adjoining state if the physician practices in a county that adjoins that state; APRNs must query the PDMP if any red flags as listed in the regulation are noted; APRNs must query the PDMP before initially prescribing a reported drug that is an opioid analgesic or benzodiazepine and every 90 days if treatment with that substance continues; APRNs must query the PDMP following a course of treatment for more than 90 days if the treatment includes the prescribing or personally furnishing of reported drugs that are not opioid analgesics or benzodiazepines and at least annually thereafter as long as the course of treatment continues; APRNs must also query the PDMP of an adjoining state if the APRN practices in a county that adjoins that state.
Oklahoma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Effective November 15, 2015, registrants or delegates are required to access the PMP prior to prescribing or authorizing a refill, if 180 days have elapsed since the previous check, for opiates, benzodiazepine, or carisoprodol and must note in the patient's record that the PMP has been accessed. Beginning November 1, 2010, each registrant that prescribes, administers or dispenses methadone shall be required to check the prescription profile of the patient on the central repository of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control.

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Pennsylvania	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A prescriber shall query the system: (1) for each patient the first time the patient is prescribed a controlled substance by the prescriber for purposes of establishing a base line and a thorough medical record; (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 prescriber an opioid drug product or benodiazepine by the prescriber. Requires that practitioners consult the PMP prior to issuing a certification for the use of medical marijuana to determine the controlled substance history of a patient and prior to recommending a change of amount or form of medical marijuana - Provides that a practitioner may consult the PMP to: 1) determine whether a patient may be under treatment with a controlled substance by another physician or other person; 2) allow the practitioner to review the patient’s controlled substance history; or 3) provide to the patient, or the caregiver on behalf of the patient, a copy of the patient’s controlled substance history. A dispenser shall query the system before dispensing an opioid drug product or a benzodiazepine prescribers 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; 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.
Rhode Island	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>South Carolina Department of Health and Human Services (SCDHHS) will require that providers verify Medicaid members' controlled substance prescription history through the South Carolina Reporting &amp; Identification Prescription Tracking System (SCRIPTS) before issuing a prescription for any Schedule II through IV controlled substance. Providers must maintain documentation that the SCRIPTS database was verified prior to the issuance of a controlled substance prescription. Failure to perform an evaluation of the SCRIPTS database may result in recoupment of Medicaid funds for the office visit during which the prescription was issued. For Medicaid members treated chronically with controlled substances, SCDHHS will require that SCRIPTS be consulted at the initiation of therapy and at least every 90 days thereafter. The following instances are exempt from this requirement: Issuance of less than a five-day supply of a controlled substance; Issuance of a controlled substance prescription to a Medicaid member who is enrolled in hospice; Instances where a controlled substance is administered by a licensed health care provider. Requires a practitioner or practitioner's delegate to query the PMP for a patient before issuing a prescription for a Sch. II substance unless: 1) the prescription is issued for a patient receiving hospice care; 2) the prescription does not exceed a 5-day supply; 3) the prescription is for a Sch. II substance for a patient with whom the practitioner has an established relationship for the treatment of a chronic condition; however, the practitioner must query the PMP at least every three months; 4) the practitioner has approved the administration by a licensed healthcare provider; 5) the prescription is issued for a patient in a skilled nursing facility, nursing home, community residential care facility, or an assisted living facility in which medications are provided and monitored by staff.</p>
Tennessee	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Healthcare practitioners shall query the PDMP at the beginning of each new episode of treatment and at least 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 once every twelve months after the initial dispensing; 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. Requires medical director of pain management clinic to query the PMP at a minimum upon each new admission and once every six months thereafter.</p>

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Utah	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>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. An advanced practice registered nurse may prescribe or administer a Schedule II controlled substance without a consultation or referral plan if, among other requirements, prior to the first time prescribing or administering a Schedule III substance for chronic pain or a Schedule II controlled substance, unless treating the patient in a licensed general acute hospital, checks information about the patient in the PMP and periodically thereafter checks information about the patient in the PMP. §58-37f-303 provides that a prescriber or dispenser of an opioid for outpatient usage shall diligently access and review the database. If a dispenser’s review of the system indicates that a patient seeking an opioid may be obtaining opioids in quantities or frequencies inconsistent with generally recognized standards, the dispenser shall attempt to contact the prescriber to obtain the prescriber’s informed, current, and professional opinion as to whether the prescribed opioid is medically justified.</p>

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Vermont	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Prescribers who prescribe controlled substances on Schedule II, III, or IV must query the VPMS: 1. At least annually for patients who are receiving ongoing treatment with an opioid controlled substance; 2. When starting a patient on a controlled substance for non-palliative long-term pain therapy of 90 days or more; 3. The first time the provider prescribes an opioid controlled substance written to treat chronic pain; 4. Prior to writing a replacement prescription for a . All Medicaid participating providers who prescribe buprenorphine or a drug containing buprenorphine to a Vermont Medicaid beneficiary to query the PMP the first time they prescribe buprenorphine or a drug containing buprenorphine for the patient and no fewer than two times annually thereafter. Prior to prescribing an extended release hydrocodone that is not in an abuse deterrent formula, the prescriber shall query the VPMS and review other controlled substances prescribed to the patient, and for any patient prescribed 40mg or greater per day, shall query the VPMS no less frequently than once every 120 days for as long as the patient possesses a valid prescription for that amount. Requires adoption of regulations to require dispensers to query the PDMP in at least the following circumstances: prior to dispensing a prescription for a Sch. II – IV opioid controlled substance to a patient who is new to the pharmacy; when a patient pays cash for an opioid when they have insurance on file; when patient requests an early refill of an opioid; when the dispenser is aware that the patient is being prescribed opioids by more than one prescriber; and the regulation shall include an exception for a hospital-based dispenser dispensing an opioid in a quantity sufficient to treat the patient for 48 hours or fewer; requires physicians prescribing buprenorphine to an office-based opioid treatment setting shall query the PDMP as required; opioid treatment programs shall query the PDMP as required.</p> <p>Requires adoption of regulations to determine if providers should be required to query the PDMP prior to writing a prescription for any opioid Sch. II – IV controlled substance.</p>

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	Prescriber	Dispenser	
Virginia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>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 14 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.</p>
Washington	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Workers Comp providers must check the prescription monitoring program data base, if available, and document before prescribing opioids in the subacute phase and repeat during chronic opioid therapy at intervals according to the worker's risk category as described in the agency medical directors' group's guideline. Before the department or self-insurer authorizes payment for opioids beyond the acute phase, the provider must perform and document the following: Access the state's prescription monitoring program data base, if available, to ensure that the controlled substance history is consistent with the prescribing record and the worker's report. An agency providing chemical dependency opiate substitution treatment services must ensure the program physician, or the medical practitioner under supervision of the program physician, performs and meets the following: A review must be completed by the department of health prescription drug monitoring program data on the individual: (a) At admission; (b) Annually after the date of admission; and (c) Subsequent to any incidents of concern.</p>

## Mandatory PDMP Use

**PDMP Use**

STATE	PDMP Use		Conditions, if applicable
	Prescriber	Dispenser	
West Virginia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Upon initially prescribing or dispensing any pain-relieving controlled substance for a patient and at least annually thereafter should the prescriber or dispenser continue to treat the patient with controlled substances.....for whom they are providing pain-relieving controlled substances as part of a course of treatment for chronic, nonmalignant pain but who are not suffering from a terminal illness. Prior to dispensing or prescribing medication-assisted treatment medications, the treating physician must access the PMP to ensure the patient is not seeking medication-assisted treatment medications that are controlled substances from multiple sources and shall review the PMP no less than quarterly and at each patient’s physical examination. A practitioner shall query the PMP prior to issuing a certification for the use of medical cannabis and prior to recommending a change of amount or form of medical cannabis. 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. Provides that the program physician shall query the PMP in order to ensure that the patient is not seeking prescription medication from multiple sources. 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.</p>
Wisconsin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>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.</p>