

Mandatory PDMP Use

PDMP Use

STATE	Prescriber	Dispenser	Conditions, if applicable
Arizona	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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
Arkansas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>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.</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>
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.
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"/>	At the outset of an opioid treatment pain, and at least annually thereafter, a physician prescribing opioids for a patient shall run an INSPECT report on that patient under IC 35-48-7-11.1(d)(4) and document in the patient's chart whether the INSPECT report is consistent with the physician's knowledge of the patient's controlled substance use history.

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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. 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. Effective 6-29-15, § 40:1046 to require that 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 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 dispenses 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.
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.
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.

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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
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.
New Jersey	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	requires physicians and pharmacists to check PDMP before prescribing/dispensing controlled substance and every 3 months thereafter.

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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 optometrists to register to use the PMP and to obtain a PMP report prior to prescribing, ordering, administering, or dispensing a controlled substance listed in Sch. III or IV or for a new patient when a Sch. III or IV drug is prescribed for more than 10 days and for established patients during the continuous use of controlled substances every six months. 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.</p> <p>Persons reporting prescription information to the PMP, but not authorized for access to PMP information must also apply for access.</p>

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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, Opioid treatment program providers are required to check the PMP prior to admitting a new patient to determine any and all medications which may be prescribed to a patient or prospective patient and check PMP as clinically indicated on patients admitted to opioid medical maintenance with a verified stability in the PMP.
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.
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. If the physician practices primarily in a county that adjoins another state, the physician shall also request a report from the other 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"/>	<p>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 benzodiazepine 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.</p>
Rhode Island	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Automatic enrollment with PDMP upon initial registration or renewal. 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.</p>

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South Carolina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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 & 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.
Tennessee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As of April of 2013, all prescribers are required to check before prescribing initial treatment with benzodiazepines or opiates and yearly thereafter, with minor exceptions.
Utah	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	§ 58-31b-803 which provides that 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.

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Vermont	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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.
Virginia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Prescribers must query the database for initial treatment of a patient when the opioid prescription exceeds 14 days.
Washington	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.
West Virginia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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

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Wisconsin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.