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## North Dakota

PDMP acronym: [ND PDMP](#) Region: [North](#)  
Agency Responsible: [North Dakota Board of Pharmacy](#)  
Agency Type: [Pharmacy Board](#)

### PDMP Web Resources/Links

PDMP Website: <https://www.nodakpharmacy.com/PDMP-index.asp>  
PDMP Email: [pdmp@nd.gov](mailto:pdmp@nd.gov)  
PDMP Register Website: <http://www.nodakpharmacy.com/directaccess.asp>  
User Account Manual: [https://www.nodakpharmacy.com/pdfs/NDPMP\\_AWARxE\\_UserSupportManual.pdf](https://www.nodakpharmacy.com/pdfs/NDPMP_AWARxE_UserSupportManual.pdf)  
PDMP Query Website: <http://www.nodakpharmacy.com/directaccess.asp>  
PDMP Data Upload Website: <https://pmpclearinghouse.net>  
Data Upload Manual: <https://www.nodakpharmacy.com/pdfs/AWARxEmanual.pdf>  
Statute/Regulation Website: <https://www.nodakpharmacy.com/pdfs/PDMPlaws.pdf>;  
<https://www.nodakpharmacy.com/pdfs/PDMPrules.pdf>  
Opioid Guidelines Website:  
PDMP FAQs: <https://www.nodakpharmacy.com/PDMP-faq.asp>  
Integration Guidance:  
PDMP Statistics Website: <https://www.nodakpharmacy.com/PDMP-index.asp>  
Opioid Dashboard Website: [health.nd.gov/opioid](https://health.nd.gov/opioid)  
Training Website: [https://www.nodakpharmacy.com/pdfs/ND\\_QuickReferenceGuide\\_HowtoRunaPatientSearch.pdf](https://www.nodakpharmacy.com/pdfs/ND_QuickReferenceGuide_HowtoRunaPatientSearch.pdf)

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### PDMP Contact Information

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# State Population and Number of Registrants

State population: [780,588](#)

DEA Prescriber total: [5,281](#)

DEA Dispenser total: [198](#)

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## Data Transmitter(s)

[Correctional Facility Pharmacy](#)

[Indian Health Services](#)

[Pharmacy \(In-State\)](#)

[Pharmacy \(Mail Order Out of State\)](#)

[Veterans Administration](#)

[Dispensing Practitioner](#)

[Long Term Care Facility Pharmacy](#)

[Pharmacy \(Mail Order In-State\)](#)

[Pharmacy \(Other Out of State\)](#)

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## Substances Monitored

[Drugs of Concern](#)

[Schedules II - V](#)

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## Alternate Data Sources

[Medical Marijuana Dispensations](#)

[Pharmaceutical Manufacturers/Distributors](#)

[Mental Health Assessment Tools](#)

[Substance Use Disorder Treatment Options](#)

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## Available Reports

[Clinical Alerts](#)

[Dispenser Reports to Law Enforcement](#)

[Geomapping of Prescription Data](#)

[MME Calculations](#)

[Patient Query Lists to Dispensers](#)

[Patient Query Lists to Licensing Boards](#)

[Patient Query Lists to Prescribers](#)

[Patient Reports to Law Enforcement](#)

[Patient Reports to Prescribers](#)

[Prescriber Report Cards](#)

[Prescription Drug Combinations](#)

[Registrant Query Lists to Law Enforcement](#)

[Registrant Query Lists to Prescribers](#)

[Registrant Reports to Prescribers](#)

[Statewide Statistics](#)

[Data Dashboards](#)

[Drug Trend Reports](#)

[Licensee Reports to Licensing Board](#)

[Multiple Provider Episode Reports](#)

[Patient Query Lists to Law Enforcement](#)

[Patient Query Lists to Patients](#)

[Patient Reports to Dispensers](#)

[Patient Reports to Licensing Boards](#)

[Peer Comparison Reports](#)

[Prescriber Reports to Law Enforcement](#)

[Registrant Query Lists to Dispensers](#)

[Registrant Query Lists to Licensing Boards](#)

[Registrant Reports to Dispensers](#)

[Risk Scores](#)

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## Statistical Capabilities

- ☒ # of Prescription Filled
  - ☒ # of Prescriptions Filled by CS Schedule
  - ☒ # of Prescriptions Filled by Drug Class
  - ☒ Statistics Filtered by Age or Age Range
  - ☐ Statistics Filtered by Ethnicity or Race
  - ☒ # of Authorized PDMP Users Enrolled
  - ☒ # of Registrants in SDTC
  - ☒ # of Registrants in SDTC by Practice/License Type
  - ☐ # of Data Errors by Error Type
  - ☐ # of Data Errors Corrected
  - ☐ # of At-Risk Patients by Risk Factor
  - ☐ Risk Factor Statistics by Time Frame
  - ☒ # of Solicited Prescriber Reports
  - ☒ # of Solicited Prescriber Reports by Requestor Type
  - ☒ # of Unsolicited Prescriber Reports
  - ☒ # of Unsolicited Prescriber Reports by Recipient Type
  - ☒ # of Solicited Dispenser Reports
  - ☒ # of Solicited Dispenser Reports by Requestor Type
  - ☒ # of Unsolicited Dispenser Reports
  - ☒ # of Unsolicited Dispenser Reports by Recipient Type
  - ☒ # of Solicited Patient Reports
  - ☒ # of Solicited Patient Reports by Requestor Type
  - ☒ # of Unsolicited Patient Reports
  - ☒ # of Unsolicited Patient Reports by Recipient Type
  - ☒ # of Dosage Units Dispensed
  - ☒ # of Dosage Units Dispensed by CS Schedule
  - ☒ # of Dosage Units Dispensed by Drug Class
  - ☒ Statistics Filtered by Gender Identification
  - ☒ Statistics Filtered by Geographic Location
  - ☒ # of Prescribers Enrolled in PDMP by License Type
  - ☒ # of Dispensers Enrolled in PDMP by License Type
  - ☐ # of Prescribers Enrolled in PDMP by Specialty
  - ☒ # of Unique Prescribers
  - ☒ # of In-State Queries
  - ☒ # of In-State Queries by Requestor Type
  - ☒ # of Interstate Queries
  - ☐ # of Interstate Queries by Requestor Type
  - ☐ # of Positive Matches from Interstate Queries
  - ☐ # of Solicited Statistical Reports by Requestor Type
  - ☐ # of Unsolicited Statistical Reports by Recipient Type
  - ☒ # of Unique Requestors for Solicited Reports
  - ☒ # of Unique Requestors by Requestor Type (sol. reports)
  - ☒ # of Unique Requestors for Unsolicited Reports
  - ☒ # of Unique Recipients by Recipient Type (unsol. reports)
- % Out-of-State Patients:
- % Out-of-State Prescribers:
- Data Analysis Resources Available:
- [ND State Epidemiologists on certain ND legislative directives](#)
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## Authorized PDMP Users

Correctional Supervision/Solicited In-State  
Correctional Supervision/Solicited Out-of-State  
Dispenser Delegates - Licensed/Solicited In-State  
Dispenser Delegates - Licensed/Solicited Out-of-State  
Dispenser Delegates - Unlicensed/Solicited In-State  
Dispenser Delegates - Unlicensed/Solicited Out-of-State  
Dispensers - Pharmacies/Unsolicited In-State  
Dispensers - Pharmacies/Unsolicited Out-of-State  
Dispensers - Pharmacists/Solicited In-State  
Dispensers - Pharmacists/Solicited Out-of-State  
Dispensers - Pharmacists/Unsolicited In-State  
Dispensers - Pharmacists/Unsolicited Out-of-State  
Drug Courts/Solicited In-State  
Drug Courts/Solicited Out-of-State  
Drug Treatment Providers/Solicited In-State  
Law Enforcement - Federal/Solicited In-State  
Law Enforcement - Federal/Solicited Out-of-State  
Law Enforcement - Federal/Unsolicited In-State  
Law Enforcement - Local/Solicited In-State  
Law Enforcement - Local/Solicited Out-of-State  
Law Enforcement - Local/Unsolicited In-State  
Law Enforcement - State/Solicited In-State  
Law Enforcement - State/Solicited Out-of-State  
Law Enforcement - State/Unsolicited In-State  
Medicaid Drug Utilization and Review/Solicited In-State  
Medicaid Fraud and Abuse/Solicited In-State  
Medical Examiners and Coroners/Solicited In-State  
Medical Examiners and Coroners/Solicited Out-of-State  
Medical Interns/Solicited In-State  
Medical Interns/Solicited Out-of-State  
Medical Interns/Unsolicited In-State  
Medical Interns/Unsolicited Out-of-State  
Medical Residents/Solicited In-State  
Medical Residents/Solicited Out-of-State  
Medical Residents/Unsolicited In-State  
Medical Residents/Unsolicited Out-of-State  
Nurse Practitioners/Solicited In-State  
Nurse Practitioners/Solicited Out-of-State  
Nurse Practitioners/Unsolicited In-State  
Nurse Practitioners/Unsolicited Out-of-State  
Patients/Solicited In-State  
Patients/Solicited Out-of-State  
Peer Review Committees/Solicited In-State  
Peer Review Committees/Unsolicited In-State  
Physician Assistants/Solicited In-State  
Physician Assistants/Solicited Out-of-State  
Physician Assistants/Unsolicited In-State

Physician Assistants/Unsolicited Out-of-State  
Prescriber Delegates - Licensed/Solicited In-State  
Prescriber Delegates - Licensed/Solicited Out-of-State  
Prescriber Delegates - Unlicensed/Solicited In-State  
Prescriber Delegates - Unlicensed/Solicited Out-of-State  
Prescribers/Solicited In-State  
Prescribers/Solicited Out-of-State  
Prescribers/Unsolicited In-State  
Prescribers/Unsolicited Out-of-State  
Prosecutors/Solicited In-State  
Prosecutors/Solicited Out-of-State  
Regulatory and Licensing Boards/Solicited In-State  
Regulatory and Licensing Boards/Solicited Out-of-State  
Regulatory and Licensing Boards/Unsolicited In-State  
Researchers/Solicited In-State  
Researchers/Solicited Out-of-State  
Workers Compensation State/Solicited In-State  
Workers Compensation State/Unsolicited In-State

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## Engaged PDMP Users

Correctional Supervision/Solicited In-State  
Correctional Supervision/Solicited Out-of-State  
Dispenser Delegates - Licensed/Solicited In-State  
Dispenser Delegates - Unlicensed/Solicited In-State  
Dispensers - Pharmacists/Solicited In-State  
Dispensers - Pharmacists/Solicited Out-of-State  
Dispensers - Pharmacists/Unsolicited In-State  
Drug Treatment Providers/Solicited In-State  
Law Enforcement - Federal/Solicited In-State  
Law Enforcement - Federal/Solicited Out-of-State  
Law Enforcement - Local/Solicited In-State  
Law Enforcement - Local/Solicited Out-of-State  
Law Enforcement - State/Solicited In-State  
Law Enforcement - State/Solicited Out-of-State  
Medicaid Fraud and Abuse/Solicited In-State  
Medical Examiners and Coroners/Solicited In-State  
Medical Examiners and Coroners/Solicited Out-of-State  
Medical Interns/Solicited In-State  
Medical Interns/Solicited Out-of-State  
Medical Interns/Unsolicited In-State  
Medical Interns/Unsolicited Out-of-State  
Medical Residents/Solicited In-State  
Medical Residents/Solicited Out-of-State  
Medical Residents/Unsolicited In-State  
Medical Residents/Unsolicited Out-of-State  
Nurse Practitioners/Solicited In-State  
Nurse Practitioners/Solicited Out-of-State  
Nurse Practitioners/Unsolicited In-State  
Nurse Practitioners/Unsolicited Out-of-State  
Patients/Solicited In-State  
Patients/Solicited Out-of-State  
Peer Review Committees/Solicited In-State  
Physician Assistants/Solicited In-State  
Physician Assistants/Solicited Out-of-State  
Physician Assistants/Unsolicited In-State  
Physician Assistants/Unsolicited Out-of-State  
Prescriber Delegates - Licensed/Solicited In-State  
Prescriber Delegates - Unlicensed/Solicited In-State  
Prescribers/Solicited In-State  
Prescribers/Solicited Out-of-State  
Prescribers/Unsolicited In-State  
Prosecutors/Solicited In-State  
Prosecutors/Solicited Out-of-State  
Regulatory and Licensing Boards/Solicited In-State  
Regulatory and Licensing Boards/Solicited Out-of-State  
Researchers/Solicited In-State  
Workers Compensation State/Solicited In-State

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## Budget

<b>Total Annual Budget:</b>	<b>\$214,743.00</b>	<b>PDMP Staff:</b>	<b>1</b>
# of Employees - Operational:	1	# of Employees - Other:	0
# of Employees - Technical:	0		
# of Employees - Analytical:	0		

### Funding Source(s)

### Licensing Fee

## Technologies

Data Collection Entity:	Vendor	<input checked="" type="checkbox"/> State HIE in place
Data Collection Vendor name:	Bamboo Health	<input checked="" type="checkbox"/> RxCheck Integration Allowed
Data Storage Entity:	Vendor	<input checked="" type="checkbox"/> VHA VISTA integration
Data Storage Vendor name:	Bamboo Health	<input type="checkbox"/> HL7 FHIR connectivity
Report Generation Entity:	Vendor	ASAP Version Utilized: 4.2A
Report Generation Vendor name:	Bamboo Health	
Data Access Method:	Web Portal/On-Line	
Data Access Entity:	Vendor	
Data Access Vendor name:	Bamboo Health	

## Patient Matching

- ☒ Access to patient matching algorithms
- ☒ Referential Matching
- ☒ Deterministic Matching
- ☒ Manual Matching
- ☐ Other Matching
- ☒ Exact Matching
- ☒ Probablistic Matching
- ☒ Probablistic and Manual Matching

Patient Matching Metrics Available:

Patient matching data elements:

## Integration(s) Available

Integration Type	% Providers	Hub Used	Paid by Fed Gov't	Paid by State Gov't	Paid by Facility	Paid by Provider
EHR Integration	75-100%	PMPi			Unknown	
<input type="checkbox"/> Data Downloaded/Stored			<input type="checkbox"/> Data Manipulated for Analysis			
<input checked="" type="checkbox"/> Data Incorporated with Interstate Data			<input checked="" type="checkbox"/> Multistate Integrations Allowed			
Integration Standards:						

Integration Type	% Providers	Hub Used	Paid by Fed Gov't	Paid by State Gov't	Paid by Facility	Paid by Provider
HIE Integration	75-100%	PMPi				Per User
<input type="checkbox"/> Data Downloaded/Stored			<input type="checkbox"/> Data Manipulated for Analysis			
<input checked="" type="checkbox"/> Data Incorporated with Interstate Data			<input checked="" type="checkbox"/> Multistate Integrations Allowed			
Integration Standards:						



Integration Type	% Providers	Hub Used	Paid by Fed Gov't	Paid by State Gov't	Paid by Facility	Paid by Provider
PDS Integration	75-100%	PMPi			Unknown	

☐ Data Downloaded/Stored

☐ Data Manipulated for Analysis

☒ Data Incorporated with Interstate Data☒ Multistate Integrations Allowed

Integration Standards:

## Interstate Data Sharing Partner(s)

Alabama	PMPi Hub
Alaska	PMPi Hub
Arizona	PMPi Hub
Arkansas	PMPi Hub
Colorado	PMPi Hub
Connecticut	PMPi Hub
Delaware	PMPi Hub
District of Columbia	PMPi Hub
Florida	PMPi Hub
Georgia	PMPi Hub
Hawaii	PMPi Hub
Idaho	PMPi Hub
Illinois	PMPi Hub
Indiana	PMPi Hub
Iowa	PMPi Hub
Kansas	PMPi Hub
Louisiana	PMPi Hub
Maine	PMPi Hub
Massachusetts	PMPi Hub
Michigan	PMPi Hub
Minnesota	PMPi Hub
Mississippi	PMPi Hub
Montana	PMPi Hub
Nebraska	PMPi Hub
Nevada	PMPi Hub
New Mexico	PMPi Hub
New York	PMPi Hub
North Carolina	PMPi Hub
Ohio	PMPi Hub
Oklahoma	PMPi Hub
Oregon	PMPi Hub
Puerto Rico	PMPi Hub
South Carolina	PMPi Hub
South Dakota	PMPi Hub
Tennessee	PMPi Hub
Texas	PMPi Hub
Utah	PMPi Hub
Virginia	PMPi Hub
Washington	PMPi Hub

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## PDMP Policies

Enabling legislation enacted:	2005	Data collection frequency:	Daily or next business
PDMP operational:	2007	<input checked="" type="checkbox"/> Requirement for zero-reporting	
User access date (any method):	2007	Frequency of zero-reporting:	Daily
User electronic access date:	2007		
Date received electronic data:	2007		
Interstate sharing start date:	2017		
Law/Statute citation:	ND Century Code §§ 19-03.5-01 to -10		
Regulation/Rule citation:	ND Admin Code 61-12-01-01 to -03		
Dr Shopper law/statute:	ND Century Code § 43-15.3-08		
Pill Mill law/statute:			
Pain Clinic law/statute:			
Unauthorized Use or Disclosure:	ND Century Code § 19-03.5-10(2)		
Enacted 42 CFR Part 2:			
42 CFR Part 2 Details:			
<input type="checkbox"/> Required Notification to consumers	<input checked="" type="checkbox"/> Data Retention Policy		
<input checked="" type="checkbox"/> Mandated Use of Advisory Group	Data Retention Time:	3 years	
<input checked="" type="checkbox"/> Payment method captured	<input type="checkbox"/> All Information Purged		
<input checked="" type="checkbox"/> Ability to id prescriber specialty	<input checked="" type="checkbox"/> Patient Information Purged		
<input type="checkbox"/> Patient consent required before PDMP data release	<input checked="" type="checkbox"/> Prescriber Information Purged		
<input type="checkbox"/> Ability for users to set thresholds for alert notices	<input checked="" type="checkbox"/> Dispenser Information Purged		
<input type="checkbox"/> Ability for users to do user-led alert notices	<input type="checkbox"/> Drug Information Purged		
<input checked="" type="checkbox"/> Mandatory E-Prescribing (EPCS)	<input checked="" type="checkbox"/> HIPAA Covered Entity		
<input checked="" type="checkbox"/> Compliance Process for Enrollment Mandates	<input type="checkbox"/> Identifiable Data to State Health Dept		
<input checked="" type="checkbox"/> Compliance Process for Query Mandate	<input type="checkbox"/> Identifiable Data to local Health Dept		
<input type="checkbox"/> ICD-10 Codes Collected	<input type="checkbox"/> Certified as CMS Specialized Registry		
<input type="checkbox"/> Deceased Patient Field	<input checked="" type="checkbox"/> PDMP Disaster Recovery Plan		
<input type="checkbox"/> Engaged in Academic Detailing			
<input checked="" type="checkbox"/> Patient ID Required to be Presented to Dispenser	ID Types Reported:		
<input checked="" type="checkbox"/> Ability to de-id data			
<input checked="" type="checkbox"/> Authority to release de-id data			
De-identified data sharing conditions:			
De-Identified Data Retention Details:			
<input checked="" type="checkbox"/> Retain De-Identified Data			
Record Retention Details:	we can keep statistics and aggregate data		
<input checked="" type="checkbox"/> Patient Notification of Breach	<input type="checkbox"/> Written Notification of Breach		
Patient Breach Notification Method:	Mail		
Patient Breach Notification Method Other:			
E-prescribing required substances:	Controlled Substances		
E-prescribing exemptions/waivers:			
Authority to enforce PDMP mandates:	Regulatory/Licensing Board		

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## Enrollment and Accounts

☒ Supervisor Review/audit of Delegate Accounts    Number of Delegates allows: [not limited](#)

☐ Auto Enroll with License Renewal or App

Enrollment Method:

[Online application process, followed by an email verification and notary agreement form.](#)

Practitioner IDs for PDMP Account:

[DEA controlled substance registration number; Licensing Board number; National Provider Identifier; NCPDP number;](#)

2 Factor Authentication:

[2 factor authentication not offered](#)

Criteria for Dispensers to get account to upload data

[Must be licensed in the state](#)

Criteria for Prescriber delegates to get account:

[online application, email verification, notary form, and 'supervisor' approval](#)

Criteria for Dispenser delegates to get account:

[online application, email verification, notary form, and 'supervisor' approval](#)

Criteria for PAs to get account:

[online application, email verification, notary form](#)

Criteria for Nurse Practitioners to get account:

[online application, email verification, notary form](#)

Criteria for other users to get account:

[online application, email verification, notary form](#)

Requirements for Patients to get PDMP Report:

[notarized authorization form](#)

Requirements for others to get PDMP Report

Criteria for Online Non-healthcare accounts:

[Licensing/regulatory Board investigators, Law Enforcement investigators \(federal, state, and local\), Pardons or Parole officers, Peer Review Committee representatives, Drug Court Judge, Licensed Addiction Counselors](#)

PDMP Data for Epidemiological Purposes: [Authority to Release](#)

☒ Law Enforcement On-line access to PDMP

☒ Law Enforcement Written Request access to PDMP

Law Enforcement Access Method:

[Written request for out-of-state law enforcement only](#)

Law Enforcement Access Requirements: [Active Investigation](#)

☐ PDMP users validated with DEA Registration File

☐ PDMP Access without DEA Number

☐ PDMP users validated with NPI File

Validation Process for

☐ PDMP users validated with State Licensing Board File    users without DEA #:

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## Enrollment Mandates

Dispenser - Mandatory PDMP Enrollment

Prescriber - Mandatory PDMP Enrollment

Effective Date(s): January 1, 2018

Details:

Practitioners with a DEA registration number

Effective Date(s): January 1, 2018; October 1, 2022; April 4, 2023

Details:

Practitioners with a DEA registration number

Prescription drug monitoring program rule.

1. Every practitioner who prescribes a controlled substance in North Dakota shall register with the prescription drug monitoring program.

43-58-05 3. A naturopath:

f. If prescribing or dispensing a drug as authorized by this chapter, shall register, if appropriate, with the federal drug enforcement administration and shall comply with appropriate state and federal laws, including participating in the prescription drug monitoring program under chapter 19-03.5.

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## Use Mandates

Dispenser - Mandatory PDMP Use

Prescriber - Mandatory PDMP Use

Effective Date(s): October 1, 2014 (pharmacies); April 1, 2014 (OTPs)

Details:

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 anxiety shall, at a minimum, request and review 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 geographic 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 deciding 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 pharmacy foundation'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 assist 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 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.

Effective Date(s): October 1, 2014 (pharmacies); April 1, 2014 (OTPs); October 1, 2022

Details:

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 anxiety shall, at a minimum, request and review 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 geographic 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 deciding 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 pharmacy foundation'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 assist 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 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.

Prescription drug monitoring program rule.

2. a. When a practitioner determines that reported drugs will be prescribed to a patient for a period to exceed twelve weeks, the practitioner shall request a prescription drug monitoring program report for that patient and, at a minimum, at least semiannually thereafter.

b. This requirement does not apply to reported drugs prescribed to patients in a controlled setting in which the drugs are locked and administered to the patient, for example, admitted hospital or hospice patients, long-term care patients or group home residents.

3. In addition to those reports requested under subsection 2, practitioners shall request a prescription drug monitoring program report when it is documented in the prescribing practitioner's medical record for that patient that the patient exhibits signs associated with diversion or abuse, including:

- a. Selling prescription drugs;
- b. Forging or altering a prescription;
- c. Stealing or borrowing reported drugs;
- d. Taking more than the prescribed dosage of any reported drug;
- e. Having a drug screen that indicates the presence of additional or illicit drugs;
- f. Being arrested, convicted, or diverted by the criminal justice system for a drug-related offense;
- g. Receiving reported drugs from providers not reported to the treating practitioner;

- h. Having a law enforcement or health professional express concern about the patient's use of drugs.
  - i. Violating any prescribing agreement with the physician;
  - j. Frequently requests early refills of a reported drug for any reason;
  - k. Appears impaired or excessively sedated to the physician in any patient encounter; and
  - l. Has a history of drug abuse dependency.
4. A practitioner shall document the receipt and assessment of prescription drug monitoring program reports made under this rule.
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# Training on Enrollment and Use

Researcher - Training Provided

Prescriber - Training Provided

Patient - Training Provided

Licensing Board - Training Provided

Law Enforcement - Training Provided

Dispenser - Training Provided

Attorney General - Training Provided

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## PDMP Queries

<input checked="" type="checkbox"/> Ability to search for multiple patients in one query	Maximum number of patients in one query: <a href="#">unlimited</a>
Patient Query Date Range:	Other Query Date Range:
Minimum data elements to query for healthcare user:	<a href="#">first name, last name, date of birth, prescription fill dates from &amp; to</a>
Query by partial data elements by healthcare user:	<a href="#">Partial first name and partial last name search. Must have date of birth.</a>
Optional data elements to query by healthcare user:	<a href="#">Phone number, social security number, drivers license number, city, state/province, zip code</a>
Minimum data elements to query for non-healthcare user:	<a href="#">first name, last name, date of birth, prescription fill dates from &amp; to</a>
Query by partial data elements by non-healthcare user:	<a href="#">minimum 3 characters</a>
Optional data elements to query by non-healthcare user:	<a href="#">Phone number, social security number, drivers license number, city, state/province, zip code</a>

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## Unsolicited Reports/Push Notifications

Frequency unsolicited alerts/reports generated:	<a href="#">Daily</a>
Delivery method for unsolicited alerts/reports:	<a href="#">Notification sent via email, A link to the report is located in their dashboard once they've logged in.</a>
Delivery method for unsolicited alerts/reports - LE:	<a href="#">Notify law enforcement when necessary by mainly a phone call</a>
Delivery method for unsolicited alerts/reports - Boards:	<a href="#">Notify a board when necessary by either mail or phone call</a>
<input checked="" type="checkbox"/> Unsolicited alerts/reports to practitioners not enrolled in PDMP	

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# Veterinary Policies

Data transmission frequency for Veterinarians:

Criteria for veterinarian queries: [first name, last name, and date of birth](#)

☒ Veterinarian access to owner's prescription history

☒ Veterinary Icon on PDMP Report

☐ Reporting Specifications

Reporting Method:

Reporting Specifications:

Data Fields:

[For veterinary prescriptions, a separate patient account/profile is created in the pharmacy software containing the animal/pet owner's name in the first name and last name fields and date of birth under species code enter Veterinary patient and under Name](#)

Reporting Description:

☐ Reporting Mandate Compliance

Reporting Compliance Details:

Reporting Mandate Actions:

Reporting Issues:

Reporting Misc Information:

☐ Enrollment Mandate Compliance

Enrollment Description:

Enrollment Mandate Compliance Details:

Enrollment Mandate Criteria:

☐ Query Mandate Compliance

Query Description:

Query Mandate Compliance Details:

Query Mandate Criteria:

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## PDMP Effectiveness Measures

Reduction in morphine milligram equivalents (MMEs) prescribed or dispensed

Reduction in incidence of fraudulent prescriptions

Reduction in incidence of multiple provider episodes

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## Substance Use Disorder Activities

### Tools or Resources

- ☒ MAT Services
- ☐ MOUD Services
- ☐ Harm Reduction Strategies
- ☐ Mental Health Assistance Services
- ☐ Employee Assistance Programs
- ☐ Housing Assistance Programs
- ☐ Re-Entry Programs

Other:

### Surveillance Activities

- ☐ Emergency Department Data
- ☐ Medical Examiner/Coroner Data

Data Sources for Surveillance Activities:

### Initiated Actions

- ☐ Resources to Affected Areas
  - ☐ Directed Training on Prescribing
  - ☐ Prescription Drug Tool Kits
  - ☐ Risk Evaluation/Analysis on PDMP Reports
  - ☐ Referrals to SUD Organizations
  - ☐ Referrals to OFR Teams
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