PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Alabama	Prescriber	Licensees of the Board of Medical Examiners must check the PDMP twice a year if the MME is greater than 30. If MME is greater than 90, the PDMP must be checked with every prescription. Exemptions to the query requirements: (1) nursing home patients; (2) hospice patients, where the prescription indicates hospice on the physical prescription; (3) when treating a patient for active, malignant pain; or (4) intra-operative patient care. For the purpose of preventing controlled substance diversion, abuse, misuse, addiction, and doctor-shopping, the Board of Podiatry sets forth the following requirements for the use of Alabama's Prescription Drug Monitoring Program (PDMP): (a) For the controlled substance prescriptions totaling 30 MME or less per day, podiatrists are expected to use the PDMP in the manner consistent with good clinical practice. (b) When prescribing a patient, controlled substances of more than 30 MME per day, podiatrists shall review that patient's prescribing history through the PDMP at least two (2) times per year, and each podiatrist is responsible for documenting the use of risk and abuse mitigation strategies in the patient's medical record. (c) Podiatrists shall query the PDMP to review a patient's prescribing history every time a prescription for more than 90 MME per day is written, on the same day the prescription is written.
Alaska	Prescriber	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. 52.865. Reporting and reviewing PDMP information. (h) Unless excused from reviewing the PDMP under AS 17.30.200(k)(4)(A) - (B), a practitioner, but not a pharmacist, must review the information in the PDMP to check a patient's prescription records before dispensing, prescribing, or administering a schedule II or III controlled substance under federal law.

PDMP TTAC

Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

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

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Arkansas	Prescriber	Prescribers shall query when prescribing: 1) an opioid from Sch. II or III for every time prescribing the medication to a patient; and 2) a benzodiazepine for the first time prescribing; exceptions to the query requirement for practitioners administering a CS immediately before or during surgery; during recovery from a surgery while in a healthcare facility; in a healthcare facility; or necessary to treat the patient in an emergency situation at the scene of an emergency, in a licensed ambulance or air ambulance, or in the intensive care unit of a licensed hospital; exceptions to the query requirement for practitioners administering a CS to a patient receiving palliative or hospice care, a resident in a nursing home facility, or situations in which the PDMP is not accessible; a licensed oncologist to query the PDMP when prescribing to a patient on an initial malignant episodic diagnosis and every three months when following the diagnosis while continuing treatment; Further provides that if the information appears to indicate misuse or abuse, the department shall notify the practitioners and dispensers who have prescribed and dispensed in the following manner: quarterly reports to the individual prescribers and dispensers and, if after 12 months of providing such reports, the information indicates the misuse or abuse may be continuing, the department shall send a report to the licensing boards of the practitioner or dispenser who prescribed or dispensed the prescription. A prescriber found to be in violation of prescription drug laws shall be required to register with the PMP and access prescription information before writing a prescription for an opioid and provides that the board may remove the requirement after an interval of time if appropriate; a prescriber treating a patient for chronic, non-malignant pain shall check the PMP for the patient at least every six months; Advanced practice registered nurses shall query the PDMP at least every six months when prescribing for chronic, non-malignant pain; optometrists, physicians, and APRNs who have been found to be in violation of a law or regulation involving prescription drugs shall query the PDMP prior to writing a prescription for an opioid; APRNs with prescriptive authority who have been found guilty, by the Board of Nursing, of violating a law or rule involving prescription drugs shall review a current report (run within the past 30 days) from the Prescription Drug Monitoring Program prior to prescribing an opioid. Review of this report shall be documented in the patient's medical record. APRNs with prescriptive authority shall review PDMP report from the Prescription Drug Monitoring Program prior to prescribing: a. An opioid from Schedule II or Schedule III every time prescribing the medication to a patient; and b. A benzodiazepine medication for the first time and every six (6) months thereafter prescribing for a patient. Optometrists shall query the PDMP when prescribing an opioid from Schedule II or III for every time prescribing the medication to a patient and a benzodiazepine medication for the first time prescribing the medication to a patient.

PDMP TTAC

Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
California	Prescriber	Prescribers are required to consult the CURES database prior to prescribing a Schedule II, III, or IV controlled substance to a patient for the first time and at least every 6 months thereafter if the substance remains part of the patient's treatment. © The duty to consult the CURES database, as described in subdivision (a), does not apply to a health care practitioner in any of the following circumstances: (1) If a health care practitioner prescribes, orders, or furnishes a controlled substance to be administered to a patient in any of the following facilities or during a transfer between any of the following facilities, or for use while on facility premises: (A) A licensed clinic, as described in Chapter 1 (commencing with Section 1200) of Division 2. (B) An outpatient setting, as described in Chapter 1.3 (commencing with Section 1248) of Division 2. © A health facility, as described in Chapter 2 (commencing with Section 1250) of Division 2. (D) A county medical facility, as described in Chapter 2.5 (commencing with Section 1440) of Division 2. € Another medical facility, including, but not limited to, an office of a health care practitioner and an imaging center. (F) A correctional clinic, as described in Section 4187 of the Business and Professions Code, or a correctional pharmacy, as described in Section 4021.5 of the Business and Professions Code. (2) If a health care practitioner prescribes, orders, administers, or furnishes a controlledsubstance in the emergency department of a general acute care hospital and the quantity of the controlled substance does not exceed a nonrefillable seven-day supply of the controlled substance to be used in accordance with the directions for use. (3) If a health care practitioner prescribes, orders, administers, or furnishes buprenorphine or other controlled substance containing buprenorphine in the emergency department of a general acute care hospital. (4) If a health care practitioner prescribes, orders, administers, or furnishes a controlled substance to a patient as part of the patient's treatment for a surgical, radiotherapeutic, therapeutic, or diagnostic procedure and the quantity of the controlled substance does not exceed a nonrefillable seven-day supply of the controlled substance to be used in accordance with the directions for use, in any of the following facilities: (A) A licensed clinic, as described in Chapter 1 (commencing with Section 1200) of Division 2. (B) An outpatient setting, as described in Chapter 1.3 (commencing with Section 1248) of Division 2. © A health facility, as described in Chapter 2 (commencing with Section

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
		1250) of Division 2. (D) A county medical facility, as described in Chapter 2.5 (commencing with Section 1440) of Division 2. € A place of practice, as defined in Section 1658 of the Business and Professions Code. (F) Another medical facility where surgical procedures are permitted to take place, including, but not limited to, the office of a health care practitioner. (5) If a health care practitioner prescribes, orders, administers, or furnishes a controlledsubstance to a patient who is terminally ill, as defined in subdivision © of Section 11159.2. (6) (A) If all of the following circumstances are satisfied: (i) It is not reasonably possible for a health care practitioner to access the information in the CURES database in a timely manner. (ii) Another health care practitioner or designee authorized to access the CURES database is not reasonably available. (iii) The quantity of controlledsubstance prescribed, ordered, administered, or furnished does not exceed a nonrefillable seven day supply of the controlled substance to be used in accordance with the directions for use and no refill of the controlled substance is allowed. (B) A health care practitioner who does not consult the CURES database under subparagraph (A) shall document the reason they did not consult the database in the patient's medical record. (7) If the CURES database is not operational, as determined by the department, or cannot be accessed by a health care practitioner because of a temporary technological or electrical failure. A health care practitioner shall, without undue delay, seek to correct the cause of the temporary technological or electrical failure that is reasonably within the health care practitioner's control. (8) If the CURES database cannot be accessed because of technological limitations that are not reasonably within the control of a health care practitioner. (9) If consultation of the CURES database would, as determined by the health care practitioner, result in a patient's inability to obtain a prescription in a timely manner and thereby adversely impact the patient's medical condition, provided that the quantity of the controlled substance does not exceed a nonrefillable seven-day supply if the controlled substance were used in accordance with the directions for use.

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Colorado	Prescriber	C.R.S. 12-280-404(4) (a) Each practitioner or his or her designee shall query the program prior to prescribing the second fill for an opioid unless the patient receiving the prescription: (I) Is receiving the opioid in a hospital, skilled nursing facility, residential facility, or correctional facility; (II) Has been diagnosed with cancer and is experiencing cancer-related pain; (III) Is undergoing palliative care or hospice care; (IV) Is experiencing post-surgical pain that, because of the nature of the procedure, is expected to last more than fourteen days; (V) Is receiving treatment during a natural disaster or during an incident where mass casualties have taken place; or (VI) Has received only a single dose to relieve pain for a single test or procedure. (b) The program must use industry standards to allow providers or their designees direct access to data from within an electronic health record to the extent that the query relates to a current patient of the practitioner. (c) A practitioner or his or her designee complies with this subsection (3.6) if he or she attempts to access the program prior to prescribing the second fill for an opioid, and the program is not available or is inaccessible due to technical failure. (d) A violation of this subsection (3.6) does not create a private right of action or serve as the basis of a cause of action. A violation of this section does not constitute negligence per se or contributory negligence per se and does not alone establish a standard of care. Compliance with this section does not alone establish an absolute defense to any alleged breach of the standard of care. (a.5) EACH PRACTITIONER OR THE PRACTITIONER'S DESIGNEE SHALL QUERY THE PROGRAM BEFORE PRESCRIBING A BENZODIAZEPINE TO A PATIENT UNLESS THE BENZODIAZEPINE IS PRESCRIBED TO TREAT A PATIENT IN HOSPICE OR TO TREAT EPILEPSY, A SEIZURE OR SEIZURE DISORDER
Connecticut	Prescriber	Prior to prescribing greater than a 72-hour supply of any controlled substance to any patient; when prescribing a controlled substance, other than a Schedule V non-narcotic substance, for the continuous or prolonged treatment of any patient, shall query the PDMP not less than once every 90 days; when prescribing a Schedule V non-narcotic substance, shall query the PDMP at least annually. If the PDMP isn't operational, may prescribe greater than a 72-hour supply during the time of the program's inoperability, providing the practitioner or authorized agent reviews the PDMP for the patient not more than 24 hours after regaining access to the program.

PDMP TTAC

Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

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

Mandatory PDMP Use

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

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
		requirements of this Regulation: 9.9.1Hospice care patients; 9.9.2Active cancer treatment patients; 9.9.3Patients experiencing cancer-related pain; 9.9.4Terminally ill/palliative care patients; and 9.9.5Hospital patients, during the hospital stay, including any prescription issued at the time of discharge, so long as that discharge prescription is for a quantity of a 7-day supply or less. (d) A dispenser including those dispensing an amount deemed medically necessary for a 72-hour supply, shall submit the required information regarding each prescription dispensed for a controlled substance, in accordance with the transmission methods and frequency established by regulation issued by the Office of Controlled Substances. When needed for bona fide research purposes and in accordance with applicable regulation, the Office of Controlled Substances may require a dispenser to submit the required information regarding each prescription dispensed for a drug of concern, but in no event should dispensers be required to submit such information any more frequently than that required for controlled substances. The following information shall be submitted for each prescription: (1) Pharmacy name; (2) Dispenser DEA registration number; (3) Dispenser National Provider Identifier (NPI); (4) Date drug was dispensed; (5) Prescription number; (6) Whether prescription is new or a refill; (7) NDC code for drug dispensed; (8) Quantity dispensed; (9) Approximate number of days supplied; (10) Patient name and date of birth; (11) Patient address; (12) Prescriber DEA registration number and name; (13) Prescriber NPI; (14) Date prescription issued by prescriber. (e) When a dispenser has a reasonable belief that a patient may be seeking a controlled substance listed in Schedule II, III, IV or V for any reason other than the treatment of an existing medical condition, the dispenser shall obtain a patient utilization report regarding the patient for the preceding 12 months from the Prescription Monitoring Program before dispensing the prescription.

Mandatory PDMP Use

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

Mandatory PDMP Use

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

Mandatory PDMP Use

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		requirements of this Regulation: 9.9.1Hospice care patients; 9.9.2Active cancer treatment patients; 9.9.3Patients experiencing cancer-related pain; 9.9.4Terminally ill/palliative care patients; and 9.9.5Hospital patients, during the hospital stay, including any prescription issued at the time of discharge, so long as that discharge prescription is for a quantity of a 7-day supply or less. (d) A dispenser including those dispensing an amount deemed medically necessary for a 72-hour supply, shall submit the required information regarding each prescription dispensed for a controlled substance, in accordance with the transmission methods and frequency established by regulation issued by the Office of Controlled Substances. When needed for bona fide research purposes and in accordance with applicable regulation, the Office of Controlled Substances may require a dispenser to submit the required information regarding each prescription dispensed for a drug of concern, but in no event should dispensers be required to submit such information any more frequently than that required for controlled substances. The following information shall be submitted for each prescription: (1) Pharmacy name; (2) Dispenser DEA registration number; (3) Dispenser National Provider Identifier (NPI); (4) Date drug was dispensed; (5) Prescription number; (6) Whether prescription is new or a refill; (7) NDC code for drug dispensed; (8) Quantity dispensed; (9) Approximate number of days supplied; (10) Patient name and date of birth; (11) Patient address; (12) Prescriber DEA registration number and name; (13) Prescriber NPI; (14) Date prescription issued by prescriber. (e) When a dispenser has a reasonable belief that a patient may be seeking a controlled substance listed in Schedule II, III, IV or V for any reason other than the treatment of an existing medical condition, the dispenser shall obtain a patient utilization report regarding the patient for the preceding 12 months from the Prescription Monitoring Program before dispensing the prescription.

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
District of Columbia	Prescriber	The "Prescription Drug Monitoring Program Query and Omnibus Health Amendments Act of 2020" (effective 1/14/2021) amends DC's Prescription Drug Monitoring Program Act of 2013 to require mandatory query of the prescription drug monitoring database by prescribers and dispensers prior to prescribing or dispensing an opioid or benzodiazepine for more than seven consecutive days, and every ninety days thereafter while the course of treatment or therapy continues, or prior to dispensing another refill after ninety days; to make specified exceptions to this requirement; and to impose penalties for failing to comply with this requirement. Query of the database is not required if "(1) The controlled substance or other covered substance is prescribed or otherwise provided to a patient currently receiving hospice or palliative care: "(2) The controlled substance or other covered substance is prescribed or otherwise provided to a patient during an inpatient hospital admission or at discharge; "(3) The controlled substance or other covered substance is prescribed or otherwise provided to a patient in a nursing home or residential care facility that uses a sole source pharmacy; "(4) The Prescription Drug Monitoring Program Database is not operational or available due to a temporary technological or electrical failure or natural disaster; or "(5) The prescriber or dispenser is unable to access the Prescription Drug Monitoring Program Database due to emergency or disaster and documents such circumstances in the patient's medical record."
District of Columbia	Dispenser	The "Prescription Drug Monitoring Program Query and Omnibus Health Amendments Act of 2020" (effective 1/14/2021) amends DC's Prescription Drug Monitoring Program Act of 2013 to require mandatory query of the prescription drug monitoring database by prescribers and dispensers prior to prescribing or dispensing an opioid or benzodiazepine for more than seven consecutive days, and every ninety days thereafter while the course of treatment or therapy continues, or prior to dispensing another refill after ninety days; to make specified exceptions to this requirement; and to impose penalties for failing to comply with this requirement. Query of the database is not required if "(1) The controlled substance or other covered substance is prescribed or otherwise provided to a patient currently receiving hospice or palliative care: "(2) The controlled substance or other covered substance is prescribed or otherwise provided to a patient during an inpatient hospital admission or at discharge; "(3) The controlled substance or other covered substance is prescribed or otherwise provided to a patient in a nursing home or residential care facility that uses a sole source pharmacy; "(4) The Prescription Drug Monitoring Program Database is not operational or available due to a temporary technological or electrical failure or natural disaster; or "(5) The prescriber or dispenser is unable to access the Prescription Drug Monitoring Program Database due to emergency or disaster and documents such circumstances in the patient's medical record."

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Florida	Prescriber	Effective July 1, 2018, a prescriber must query the PDMP database prior to prescribing a controlled substance in schedules II-V. Effective July 1, 2018, a dispenser must query the PDMP database prior to dispensing a controlled substance in schedules II-V. Provides that a qualified physician may issue a physician certification for the medical use of marijuana only if the physician has reviewed the patient's controlled drug prescription history in the PMP.
Florida	Dispenser	Effective July 1, 2018, a prescriber must query the PDMP database prior to prescribing a controlled substance in schedules II-V. Effective July 1, 2018, a dispenser must query the PDMP database prior to dispensing a controlled substance in schedules II-V. Provides that a qualified physician may issue a physician certification for the medical use of marijuana only if the physician has reviewed the patient's controlled drug prescription history in the PMP.
Georgia	Prescriber	Requires each physician owning or practicing in a pain management clinic to regularly check the PMP on all new and existing patients. Required to check when first prescribing a controlled substance or benzodiazepines and thereafter once every 90 days with some exemptions. Effective 7-1-19, a pharmacist who dispenses low THC oil shall query information on a registered patient in the PDMP prior to dispensing low THC oil to a patient and a physician shall query the PDMP prior to certifying a patient to the department as being diagnosed with a specific condition that requires the use of low THC oil as treatment.
Guam	Prescriber	A prescriber, or licensed health care practitioner duly authorized by a prescriber, shall, before writing a prescription for a controlled substance listen in Schedule II, III, IV, or V for a patient, obtain a patient utilization report regarding the patient for the preceding twelve (12) months from the computerized program established by the Department pursuant to § 67.301(a) of Title 9 Guam Code Annotated, Chapter 67, if the prescriber has a reasonable belief that the patient may be seeking the controlled substance, in whole or in part, for any reason other than the treating of an existing medical condition and: (1) the patient is a new patient of the prescriber, or (2) The patient has not received any prescription for a controlled substance from the prescriber in the preceding twelve (12) months. Title 26 Guam Administrative Rules and Regulations, Division 1, Chapter 4, Article 18, § 41810(d)

PDMP TTAC

Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Hawaii	Prescriber	Prescribers must query prior to prescribing a Schedule II - IV controlled substance; as necessary. The mandatory query requirement does not apply to any prescription: (1) for a supply of three days or less that is made in an emergency situation, by an emergency medical provider, or in an emergency room; (2) that will be administered directly to a patient under the supervision of a health care provider licensed to practice within the state, provided that a medically-indicated query of the PDMP is made when the patient is initially admitted for inpatient care at a hospital; (3) that it is an initial prescription for a patient being treated for post-operative pain, provided that the prescription is limited to a 3-day supply with no refills; (4) for a patient with a terminal disease receiving hospice or other types of palliative care; for purposes of this paragraph, “terminal disease,” means an incurable and irreversible disease that will, within reasonable medical judgment, produce death within six months; or (5) prescribed while the state PDMP is non-functional.
Idaho	Prescriber	Prior to issuing to a patient a prescription for outpatient use for an opioid analgesic or benzodiazepine listed in Schedule II, III or IV, the prescriber or prescriber’s delegate shall review the patient’s prescription drug history for the preceding twelve months from the PDMP and evaluate the data for indicators of prescription drug diversion or misuse.
Illinois	Prescriber	Effective January 1, 2018, each prescriber or his/her designee shall document an attempt to access patient information in the PDMP to assess patient access to controlled substances when providing an initial prescription for Schedule II narcotics such as opioids, except for prescriptions for oncology treatment or palliative care, or a 7-day or less supply provided by a hospital emergency department when treating an acute, traumatic medical condition. This attempt to access shall be documented in the patient's medical record.

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Indiana	Prescriber	Requires adoption of regulations that require an opioid treatment provider who prescribes opioid medication for a patient in an opioid treatment program periodically review the PDMP for that patient. Practitioners must query the PDMP prior to initially prescribing ephedrine, pseudoephedrine, or a controlled substance for a patient and periodically thereafter while treatment with that substance continues. The following practitioners are required to query the PDMP before prescribing an opioid or benzodiazepine to the patient: (1) a practitioner who has had PDMP information integrated into the patient's electronic health records; (2) a practitioner who provides services to the patient in the emergency department of a hospital or a pain management clinic; (3) beginning January 1, 2020, a practitioner who provides services to the patient in a hospital; and (4) beginning January 1, 2021, all practitioners. IC 25-26-24-19 (r) A practitioner is not required under subsection (k) to obtain information about a patient from the data base or through the patient's integrated health record before prescribing an opioid or benzodiazepine if the patient is enrolled in a hospice program (as defined in IC 16-25-1.1-4).
Indiana	Dispenser	Requires adoption of regulations that require an opioid treatment provider who prescribes opioid medication for a patient in an opioid treatment program periodically review the PDMP for that patient. Practitioners must query the PDMP prior to initially prescribing ephedrine, pseudoephedrine, or a controlled substance for a patient and periodically thereafter while treatment with that substance continues. The following practitioners are required to query the PDMP before prescribing an opioid or benzodiazepine to the patient: (1) a practitioner who has had PDMP information integrated into the patient's electronic health records; (2) a practitioner who provides services to the patient in the emergency department of a hospital or a pain management clinic; (3) beginning January 1, 2020, a practitioner who provides services to the patient in a hospital; and (4) beginning January 1, 2021, all practitioners. IC 25-26-24-19 (r) A practitioner is not required under subsection (k) to obtain information about a patient from the data base or through the patient's integrated health record before prescribing an opioid or benzodiazepine if the patient is enrolled in a hospice program (as defined in IC 16-25-1.1-4).

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Iowa	Prescriber	Legislation effective 7-1-18 will require each prescriber's overseeing licensing board to develop rules regarding mandatory use. Practitioners must query the PDMP prior to prescribing an opioid. Before prescribing a psychotropic medication that is classified as a controlled substance, a psychologist shall check the patient's prescriptive profile using the PDMP. Prior to prescribing an opioid, a physician assistant shall review the patient's information in the PDMP, unless the patient is receiving inpatient hospice care or long-term residential facility patient care. An optometrist shall review the patient's information in the PDMP, unless the patient is receiving inpatient hospice care or long-term residential care facility. An optometrist shall review the patient's information in the PDMP, unless the patient is receiving inpatient hospice care or long-term residential care facility . 79.17(1) Review of Iowa prescription monitoring program database. A prescribing practitioner, as defined in Iowa Code section 124.550, or the prescribing practitioner's designated agent, shall review patient information in the Iowa prescription monitoring program (PMP) database prior to issuing a prescription for a controlled substance as defined in 42 U.S.C. 1396w–3a, inclusive of Schedules II, III and IV, unless the patient is receiving inpatient hospice care or long-term residential facility care. Review shall be conducted in accordance with all requirements under the prescribing practitioner's specific professional licensing authority. 79.17(2) Documentation. The prescribing practitioner shall include documentation in the patient file to demonstrate compliance with subrule 79.17(1). Subject to the requirements under Iowa Code chapter 124, subchapter VI, if the prescribing practitioner is not able to conduct a review of the PMP database despite a good-faith effort, the prescribing practitioner must document in the patient file such good-faith effort, including the reasons why the prescribing practitioner was not able to conduct the review. The prescribing practitioner shall submit such documentation to the Iowa Medicaid program upon request.

PDMP TTAC

Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Kentucky	Prescriber	Prior to initial prescription for a C-II and no less than every three months. Additional PDMP query requirements specific to the individual prescriber licensure boards. Prior to the initial prescribing or administration of a Schedule II controlled substance, the dentist shall obtain and review a PDMP report for the 12-month period immediately preceding the patient encounter and appropriately utilize that data in the evaluation and treatment of the patient. Provides that the query requirement does not apply when prescribing or administering a controlled substance as part of the patient's hospice or end-of-life treatment, to a patient admitted to a licensed hospital as an inpatient or observation patient, during and as part of a normal and expected part of the patient's course of care, for the treatment of pain associated with cancer or the treatment of cancer, or as necessary to treat a patient in an emergency situation. Provides that a dentist shall obtain and review a new PDMP report if the treatment extends beyond three months. Provides that if prescribing or dispensing a controlled substance, the podiatrist shall query the PDMP for all data available on the patient for the 12 month period immediately preceding the patient encounter and appropriately use that data in the evaluation and treatment of the patient. Provides that if the course of the patient's treatment with a controlled substance extends beyond three months, the podiatrist shall, among other things, obtain and review a PDMP report on the patient no less than once every three months for all available data on the patient for the 12 month period immediately preceding the query and modify or terminate treatment as appropriate. Requires physicians, who prescribe or dispense Buprenorphine-Mono-Product or Buprenorphine-Combined-with-Naloxone, to obtain and review a Kentucky All Schedule Prescription Electronic Reporting System (KASPER) report for that patient for the twelve (12) month period immediately preceding the initial patient encounter and appropriately utilize that information in the evaluation and treatment of the patient. A physician or physicians who prescribe FDA-approved drugs for the treatment of opioid addiction in adult patients to document in the patient's record whether the patient is compliant with prescribing dosing as evidenced by a Kentucky All Schedule Prescription Electronic Reporting (KASPER) report released to the physician: "Medication assisted treatment with behavior health therapy, which shall: 1. Exclude methadone-based treatment restricted to licensure in accordance with 908 KAR 1:370 and 908 KAR 1:374; 2. Require an advanced practice registered nurse, a physician, or a physician assistant who prescribes FDA-approved drugs for the treatment of opioid addiction in adult patients to: a. Document in the patient's record whether or not the patient is compliant with prescribed dosing as evidenced by the results of: (i) A KASPER report released to the practitioner pursuant to KRS 218A.202(7)e.

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
		KY 201 KAR 20:065 5. Professional standards for prescribing Buprenorphine-MonoProduct or Buprenorphine-Combinedwith-Naloxone by APRNs for medication assisted treatment for opioid use disorder (g) After initial induction of Buprenorphine, the APRN shall review compliance with the recommendations of the treatment plan and drug screen results at each visit to help guide the treatment plan. Current KASPER and other relevant PDMP reports shall be obtained no less frequently than once every three (3) months, to help guide the treatment plan. 902 KAR 20:160. Chemical dependency treatment services and facility specifications. Section 5. Provision of Outpatient Behavioral Health Services, Plan of Care, and Client Records. (1) Pursuant to Section 2(3) of this administrative regulation, a chemical dependency treatment program may provide one (1) or more of the following outpatient behavioral health services for individuals with a substance use disorder or co-occurring disorder in which substance use disorder is the primary diagnosis: (p) Medication assisted treatment with behavioral health therapy, which shall: 2. Require an advanced practice registered nurse, a physician, or a physician assistant who prescribes FDA-approved drugs for the treatment of opioid addiction in adult patients to: a. Document in the patient's record whether or not the patient is compliant with prescribed dosing as evidenced by the results of: (i) A KASPER report released to the practitioner pursuant to KRS 218A.202(7)(e); 201 KAR 20:057. Scope and standards of practice of advanced practice registered nurses. Section 6 (4)(b) An APRN [with a CAPA-CS] shall register for a master account with the Kentucky All Schedule Prescription Electronic ReportingSystem (KASPER) within thirty (30) days of obtaining a DEA ControlledSubstance Registration Certificate, and prior to prescribing controlled substances. A copy of the KASPER master account registration certificate shall be submitted to the board via the online APRN Update portal within thirty (30) days of receipt of confirmation of registration by KASPER. KY 201 KAR 9_067 (2024) Section 8. Minimal Standards of Care for Providing Written Certifications. (4) A medicinal cannabis practitioner shall comply with the professional standards established in this subsection. (a) Prior to providing a written certification, the medicinal cannabis

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
		practitioner shall obtain and document all relevant information in a patient's medical record in a legible manner and in sufficient detail to enable the board to determine whether the licensee is conforming to the requirements of KRS Chapter 218B and this administrative regulation. Relevant information shall include as appropriate: 11. Results and analysis of the patient's PDMP information. (b) Prior to providing an initial written certification or renewing a written certification, the medicinal cannabis practitioner shall query and review a PDMP report for the patient for the twelve (12) month period immediately preceding the written certification and appropriately utilize that information in the evaluation and treatment of the patient.
Louisiana	Prescriber	Prior to initially prescribing any opioid to a patient and shall access the Prescription Monitoring Program and review the patient's record at least every ninety days if the patient's course of treatment continues for more than ninety days. Physicians treating patients for chronic pain shall query the PDMP and shall continue to query the PDMP during treatment with opioids. An emergency rule, effective 8/1/2020 includes a requirement that prior to dispensing any marijuana product to a patient, the marijuana produce dispensing pharmacist shall review the patient's records in the Louisiana prescription monitoring program. The pharmacist shall resolve any concerns identified in that review by consultation with the recommending physician. §1046.1. Dispensing of marijuana for therapeutic use to visiting qualifying patients D. Prior to dispensing any medical marijuana product to a visiting qualifying patient, a dispensing pharmacist at a marijuana pharmacy shall review the patient's records in the prescription monitoring program. The pharmacist shall resolve any concerns identified in the review of the patient's prescription monitoring program records by consultation with the patient's physician
Louisiana	Dispenser	LAC 46:LIII.2457. Standards of Practice 3. Dispensing Marijuana Products a. Prior to dispensing any marijuana product to a patient, the pharmacist shall review the patient's records in the state prescription monitoring program. The pharmacist shall resolve any concerns identified in that review by consultation with the recommending authorized clinician.

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Maine	Prescriber	Mandated use of the PDMP upon initial prescription of an opioid or benzodiazepine medication and every 90 days for as long as the prescription is active. PDMP check must be completed if any of the following conditions are met: Person is not a Maine resident Prescription is from a prescriber with an address outside the State of Maine Person is paying cash with prescription insurance on file Person has not had a prescription for a benzo or opioid in the past 12 months. All prescribers of medication-assisted treatment are required to consult the PDMP prior to initial treatment, changes in dosages, and as clinically indicated. Office-based opioid treatment clinicians shall register with the PDMP and comply with laws regarding reporting on dispensed controlled substances and shall query the PDMP prior to initiating office-based opioid treatment and at least every 90 days thereafter or more frequently when clinically indicated. Opioid Treatment Program (OTP) Services with Methadone This subsection shall apply only to Opioid Treatment Program (OTP) Services with methadone that are certified. Certified OTP Programs must comply with all federal regulations under 42 C.F.R. 8. OTPs using other medications are not covered under this subsection. Medication Administration OTP facilities must ensure that opioid agonist treatment medications are administered or dispensed only by a practitioner licensed under the appropriate State law and registered under the appropriate State and Federal laws to administer or dispense opioid agonist medications, or by an agent of such a practitioner, supervised by and under the order of the licensed practitioner. This agent is required to be a pharmacist, registered nurse, or licensed practical nurse, or any other healthcare professional authorized by Federal and State law to administer or dispense opioid medications. OTP facilities must have policies in place and followed that reflect applicable State and federal rules regarding take-home use and align with 42 C.F.R. § 8.12. All prescribers of OTPs are required to consult the Prescription Monitoring Program (PMP) prior to initial treatment, and as clinically indicated. All OTP facilities must develop and implement a Diversion Control Plan with measures to reduce the possibility of diversion of controlled substances. For each new member enrolled in a program, the initial dose of methadone shall not exceed thirty (30) milligrams and the total dose for the first day shall not exceed forty (40) milligrams, unless the program physician documents in the member's record that forty (40) milligrams did not suppress opioid abstinence symptoms.

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Maine	Dispenser	Mandated use of the PDMP upon initial prescription of an opioid or benzodiazepine medication and every 90 days for as long as the prescription is active. PDMP check must be completed if any of the following conditions are met: Person is not a Maine resident Prescription is from a prescriber with an address outside the State of Maine Person is paying cash with prescription insurance on file Person has not had a prescription for a benzo or opioid in the past 12 months. All prescribers of medication-assisted treatment are required to consult the PDMP prior to initial treatment, changes in dosages, and as clinically indicated. Office-based opioid treatment clinicians shall register with the PDMP and comply with laws regarding reporting on dispensed controlled substances and shall query the PDMP prior to initiating office-based opioid treatment and at least every 90 days thereafter or more frequently when clinically indicated. Opioid Treatment Program (OTP) Services with Methadone This subsection shall apply only to Opioid Treatment Program (OTP) Services with methadone that are certified. Certified OTP Programs must comply with all federal regulations under 42 C.F.R. 8. OTPs using other medications are not covered under this subsection. Medication Administration OTP facilities must ensure that opioid agonist treatment medications are administered or dispensed only by a practitioner licensed under the appropriate State law and registered under the appropriate State and Federal laws to administer or dispense opioid agonist medications, or by an agent of such a practitioner, supervised by and under the order of the licensed practitioner. This agent is required to be a pharmacist, registered nurse, or licensed practical nurse, or any other healthcare professional authorized by Federal and State law to administer or dispense opioid medications. OTP facilities must have policies in place and followed that reflect applicable State and federal rules regarding take-home use and align with 42 C.F.R. § 8.12. All prescribers of OTPs are required to consult the Prescription Monitoring Program (PMP) prior to initial treatment, and as clinically indicated. All OTP facilities must develop and implement a Diversion Control Plan with measures to reduce the possibility of diversion of controlled substances. For each new member enrolled in a program, the initial dose of methadone shall not exceed thirty (30) milligrams and the total dose for the first day shall not exceed forty (40) milligrams, unless the program physician documents in the member's record that forty (40) milligrams did not suppress opioid abstinence symptoms.

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Maryland	Prescriber	Starting 7/1/2018, when prescribing a new course of treatment with an opioid or benzodiazepine, and if that course of treatment continues, at least every 90 days after. Starting 7/1/2018, when dispensing ANY CDS prescription, if they have reason to believe the prescription is being filled for something other than a legitimate medical diagnosis (corresponding responsibility under federal regulations).
Maryland	Dispenser	Starting 7/1/2018, when prescribing a new course of treatment with an opioid or benzodiazepine, and if that course of treatment continues, at least every 90 days after. Starting 7/1/2018, when dispensing ANY CDS prescription, if they have reason to believe the prescription is being filled for something other than a legitimate medical diagnosis (corresponding responsibility under federal regulations).

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Massachusetts	Prescriber	Prescribers, excluding podiatrists, must look up patients each time they write a Schedule II or III opioid or when prescribing a benzodiazepine every time to the patient. A practitioner must query the PDMP prior to prescribing, to a patient for the first time, a Schedule IV or V controlled substance, as designated in guidance to be issued by the Department. Before issuing a written certification for medical marijuana, a certifying healthcare provider must query the PDMP, unless otherwise specified by the Commission, to review the qualifying patient's prescription history. (G) Requirement to Utilize the Prescription Monitoring Program. (1) A practitioner must utilize the prescription monitoring program: (a) prior to prescribing a Schedule IV or V controlled substance, as designated in guidance issued by the Department pursuant to M.G.L. c. 94C, § 24A(c), and (b) prior to prescribing any opoid in Secheule II or III or a benzodiazepine. (2) A practitioner is not required to utilize the prescription monitoring program prior to prescribing any controlled substances, only in the following circumstances: (a) A practitioner providing medical, dental, podiatric, pharmaceutical, or nursing care to hospice patients; (b) An instance in which emergency care is required and in the professional opinion of the prescriber utilization of the prescription monitoring program is likely to result in patient harm; (c) An instance in which it is not reasonably possible to utilize the prescription monitoring program, including when the system is not operational due to temporary technological or electrical failure; (d) A practitioner granted a waiver pursuant to 105 CMR 700.012(I); and (e) Other exceptions as defined in guidance issued by the Department. (H) Waiver of Requirement to Utilize the Prescription Monitoring Program. (1) The Department may temporarily waive the requirements established in 105 CMR 700.012(G)(1) and (2) for a participant who submits a request, in a manner and form determined by the Department, if the Department determines that a waiver is appropriate based on the criteria listed in 105 CMR 700.012(H)(2). (2) A request for a waiver of the requirements in 105 CMR 700.012(G)(1) and (2) shall include a description of the following: (a) The participant's history of compliance with laws and regulations related to controlled substances; (b) A substantial hardship created by a natural disaster or other emergency beyond the control of the participant; (c) Technological limitations not reasonably within control of the participant; or (d) Temporary technological limitations within the control of the participant that will be rectified within six months.

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Michigan	Prescriber	Beginning June 1, 2018, before issuing a CS prescription for more than a three day supply. Exemptions for patients receiving hospice care from the bona fide patient/practitioner relationship requirement and, further, provides that the mandatory query requirement does not apply if the patient is a hospice patient and the licensed prescriber has obtained and reviewed a PDMP report concerning the patient at the time the patient was admitted to hospice
Minnesota	Prescriber	8-1-2013/The medical director or the medical director's delegate at an OTP, must review data from the PMP. Subsequent reviews of the PMP data must occur quarterly and be documented in the client's individual file. When the PMP data shows a recent history of multiple prescribers or multiple prescriptions for controlled substances, then subsequent reviews of the PMP data must occur monthly and be documented in the client's individual file. 1-1-2021/A prescriber or an agent or employee of the prescriber to whom the prescriber has delegated the task of accessing the data, must access the data submitted (1) before the prescriber issues an initial prescription order for a Schedules II through IV opiate controlled substance to the patient; and (2) at least once every three months for patients receiving an opiate for treatment of chronic pain or participating in medically assisted treatment for an opioid addiction. Several exemptions to required use are defined in MN Statute § 152.126, Subd. 6(e).
Mississippi	Prescriber	all providers and dispensers – regulated by each respective board;
Mississippi	Dispenser	all providers and dispensers – regulated by each respective board;
Missouri	Prescriber	9 CSR 30-3.132. Opioid Treatment Programs (2) Medication Administration, Dispensing, and Use. OTPs shall only utilize medications approved by the FDA for the treatment of opioid use disorder. (C) If a prescription drug monitoring program (PDMP) is available, the program physician and other staff, as permitted, shall register and utilize the PDMP in accordance with federal, state, and local regulations. Policies and procedures shall be maintained regarding use of the PDMP information for diversion control planning.

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Montana	Prescriber	A prescriber or agent of a prescriber is required to query the PDMP before the prescriber issues a prescription for an opioid or a benzodiazepine for a patient unless: (1) the patient is receiving hospice care; (2) the prescription is for a number of doses that is intended to last the patient seven days or less and cannot be refilled; (3) the prescription drug is lawfully administered to a patient in a health care facility; (4) due to an emergency, it is not possible to review the patient's records in the PDMP before the prescriber issues the prescription for the patient; (5) the patient is being treated for chronic pain and the prescriber reviews the patient's records under the PDMP every three months; or (6) it is not possible to review the patient's records because the PDMP is not operational or because of other technological failure if the failure is reported to the board
Nebraska	Prescriber	Requires a provider prescribing a controlled substance in Nebraska to a Medicaid client to check the PDMP before prescribing a Schedule II medication and at dosage adjustment. A provider may delegate checking of the PDMP to a delegate.
Nevada	Prescriber	NRS 639.23507 1. A practitioner , other than a veterinarian, shall, before issuing an initial prescription for a controlled substance listed in schedule II, III or IV and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, obtain a patient utilization report regarding the patient from the computerized program established by the Board and the Investigation Division of the Department of Public Safety pursuant to NRS 453.162 . The practitioner shall: (a) Review the patient utilization report to assess whether the prescription for the controlled substance is medically necessary; and (b) Determine whether the patient has been issued another prescription for the same controlled substance that provides for ongoing treatment using the controlled substance. If the practitioner determines from the patient utilization report or from any other source that the patient has been issued such a prescription, the practitioner shall not prescribe the controlled substance.

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
New Hampshire	Prescriber	They are required to query the PDMP for all scheduled II, III and IV opioids for the treatment and management of pain and when for chronic pain for the initial prescription and at least twice within the year. NH ADC Vet 1001.01 (2022) (e) Prescribers required to register with the PDMP pursuant to RSA 126-A:91, or their designee, shall query the PDMP to obtain a history of schedule II-IV controlled substances dispensed to a patient, prior to the prescriber prescribing an initial schedule II, III, and IV opioids for the management or treatment of the patient's pain, and then periodically, and but no less than twice per year, except when: (1) Opioids are administered to patients in a health care setting; (2) Treating acute pain associated with serious traumatic injury, post-operatively, or with an acute medical condition, with clear objective findings by the licensee, for no more than 7 days supply of schedule III, IV, or V substances; or (3) When the PDMP database is inaccessible or not functioning properly the specific reason why there was no query of the database shall be documented in the patient's medical record; NH ADC Opt 504.06 Prescription Drug Monitoring Program . (a) Prescribers required to register with the prescription drug monitoring program, or their delegate, shall query the prescription drug monitoring program to obtain a history of schedule II-IV controlled substances dispensed to a patient, prior to prescribing an initial schedule II, III, and IV opioids for the management or treatment of pain and then periodically and at least twice per year, except when: (1) Controlled medications are to be administered to patients in a health care setting; (2) The program is inaccessible or not functioning properly, due to an internal or external electronic issue; or (3) An emergency department is experiencing a higher than normal patient volume such that querying the program database would materially delay care. (b) A licensee shall document the exceptions described in (a)(2) and (3) above in the patient's medical record.

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
New Jersey	Prescriber	Prescribers - prior to initial issuance of a prescription for ANY schedule opioid or benzodiazepine; and no less frequently than quarterly thereafter. Dispensers - ONLY if they suspect the patient is acquiring the medication for abuse, misuse or diversion. Exemptions for a practitioner who is prescribing no more than a 5-day supply of a controlled substance to a patient immediately, but no more than 24 hours, after the patient has undergone an operation or treatment for acute trauma, in a general hospital or a licensed ambulatory care facility is exempt from the query requirement. (b) When initiating the prescribing of, the dispensing of, or [administering] the administration of controlled dangerous substances, a practitioner shall: 4. Determine, when treating the patient's pain, if the patient was previously issued a prescription for, used, or was administered a drug or its pharmaceutical equivalent. The practitioner may make this determination by reviewing the patient's medical record, if available, reviewing the patient's prescription monitoring information, or consulting with the patient;
New Jersey	Dispenser	Prescribers - prior to initial issuance of a prescription for ANY schedule opioid or benzodiazepine; and no less frequently than quarterly thereafter. Dispensers - ONLY if they suspect the patient is acquiring the medication for abuse, misuse or diversion. Exemptions for a practitioner who is prescribing no more than a 5-day supply of a controlled substance to a patient immediately, but no more than 24 hours, after the patient has undergone an operation or treatment for acute trauma, in a general hospital or a licensed ambulatory care facility is exempt from the query requirement. (b) When initiating the prescribing of, the dispensing of, or [administering] the administration of controlled dangerous substances, a practitioner shall: 4. Determine, when treating the patient's pain, if the patient was previously issued a prescription for, used, or was administered a drug or its pharmaceutical equivalent. The practitioner may make this determination by reviewing the patient's medical record, if available, reviewing the patient's prescription monitoring information, or consulting with the patient;

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
New Mexico	Prescriber	Refer to each healthcare licensing board for specific rules. Before a practitioner prescribes or dispenses for the first time, a controlled substance in Schedule II – V to a patient for a period greater than four days, or if there is a gap in prescribing a controlled substance for 30 days or more, the practitioner shall review the PDMP report for the patient for the preceding 12 months and, when available, shall review similar reports from adjacent states, and shall query the PDMP for the patient every three months during the continuous use of a controlled substance for each patient. Provides that a practitioner is not required to query the PDMP before prescribing, ordering, or dispensing a Schedule II – V substance for a patient for a period of four days or less; to a patient in a nursing facility; to a patient in hospice care; or when prescribing, dispensing, or administering of: testosterone, pregabalin, lacosamide, ezogabine, or stimulant therapy for pediatric patients less than age 14. Practitioners licensed to practice in an opioid treatment program shall query the PDMP upon a patient's initial enrollment into the program and every three months thereafter while prescribing, ordering, administering, or dispensing opioid treatment medications in Schedule II – V for the purpose of treating opioid use disorder.

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
New Mexico	Dispenser	Refer to each healthcare licensing board for specific rules. Before a practitioner prescribes or dispenses for the first time, a controlled substance in Schedule II – V to a patient for a period greater than four days, or if there is a gap in prescribing a controlled substance for 30 days or more, the practitioner shall review the PDMP report for the patient for the preceding 12 months and, when available, shall review similar reports from adjacent states, and shall query the PDMP for the patient every three months during the continuous use of a controlled substance for each patient. Provides that a practitioner is not required to query the PDMP before prescribing, ordering, or dispensing a Schedule II – V substance for a patient for a period of four days or less; to a patient in a nursing facility; to a patient in hospice care; or when prescribing, dispensing, or administering of: testosterone, pregabalin, lacosamide, ezogabine, or stimulant therapy for pediatric patients less than age 14. Practitioners licensed to practice in an opioid treatment program shall query the PDMP upon a patient's initial enrollment into the program and every three months thereafter while prescribing, ordering, administering, or dispensing opioid treatment medications in Schedule II – V for the purpose of treating opioid use disorder. (7) Prescription monitoring program (PMP) utilization: The consultant pharmacist shall request and review a PMP report covering at least a one year time period and another states' report for each program patient receiving an opioid, at least quarterly. The pharmacist will use professional judgement to determine whether more frequent monitoring is appropriate, as in the case of patients who are receiving a benzodiazepine or carisoprodol, or an opioid prescribed outside of the NTP. The pharmacist will use professional judgment in taking steps to avoid or resolve potential isues identified on PMP report review. The pharmacist shall document review of these PMP reports, and his or her action regarding such reports.

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
New York	Prescriber	Effective 8-27-13. Exceptions to the duty to consult prior to writing a controlled substance prescription in Schedules II-IV are: Practitioner administering a controlled substance; For use within an institutional dispenser; Emergency Department (if limited to a 5 day supply); Practitioner is unable to access in a timely manner (5 day supply); Consultation would adversely impact a patient's medical condition; Hospice; Methadone programs; Technological failure of PMP or practitioner's hardware; Practitioner has been granted a waiver by DOH based on technological limitations or exceptional circumstances not within practitioner's control. Requires practitioners to consult the PMP prior to making or issuing a certification of a serious condition requiring the use of medical marijuana; Requires dispensers to check the PMP to ensure that a patient is not receiving greater than a 30 day supply. Effective 11-20-15, Residential treatment programs for individuals with substance use disorders must query the PDMP prior to admitting the patient to determine any and all medications which may be prescribed to the patient or prospective patient; requires chemical dependence outpatient and opioid treatment programs to query the PDMP prior to admitting a new patient to determine any and all medications which may be prescribed to a patient or prospective patient and requires that patients admitted to opioid medical maintenance have verified stability in the PDMP and that PDMP checks be performed as clinically indicated. Effecitve 4-3-20, every practitioner shall consult the PDMP prior to making or issuing a certification for medical cannabis, for the purpose of reviewing a patient's controlled substance history.
North Carolina	Prescriber	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.

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
North Carolina	Dispenser	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.

PDMP TTAC

Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

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

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
		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

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
		drug monitoring program reports made under this rule.

PDMP TTAC

Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

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

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
		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.
Northern Mariana Islands	Prescriber	
Northern Mariana Islands	Dispenser	

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Ohio	Prescriber	For opioids and benzodiazepines, prior to issuing first prescription AND every 90 days as long as treatment continues; for other controlled substances, at the point it is known that therapy will continue for 12 weeks AND annually as long as therapy continues. Prior to dispensing first reportable drug for patient AND each time a new reportable drug is added to the patient's therapy AND at least annually as long as therapy continues. A physician who provides OBOT shall perform and document an assessment of the patient, which shall include a review of the patient's prescription information in the PDMP and shall take steps to reduce the chances of buprenorphine diversion by using the lowest effective dose, appropriate frequency of office visits, pill counts, and checks of the PDMP. Controlled substances for the treatment of obesity. (A) A prescriber may utilize a schedule III or IV controlled substance for the treatment of obesity only if it has an F.D.A approved indication for this purpose and then only in accordance with all of the provisions of this rule. (B) Before initiating treatment for obesity utilizing any schedule III or IV controlled substance, the prescriber shall complete all of the following requirements: (1) The prescriber shall review the prescriber's own records of prior treatment or review the records of prior treatment by another treating physician, prescriber, dietitian, or weight-loss program to determine the patient's past efforts to lose weight in a treatment program utilizing a regimen of weight reduction based on nutritional counseling, intensive behavioral therapy, and exercise, without the utilization of controlled substances, and that the treatment has been ineffective (2) The prescriber shall complete and document the findings of all of the following: (f) Access OARRS for the patient's prescription history during the preceding twelve month period and document in the patient's record the receipt and assessment of the report received;

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Ohio	Dispenser	Prior to dispensing first reportable drug for patient AND each time a new reportable drug is added to the patient's therapy AND at least annually as long as therapy continues. Managing pharmacists shall review a border state's PDMP information when the pharmacist is practicing in a county bordering another state. Mandated review of an OARRS report is required if a new or different controlled substance dangerous drug is added to a patient's therapy, if 12 or more months have passed since an OARRS report has been reviewed, the prescriber is outside the usual pharmacy geographic area, the patient is from outside the usual pharmacy geographic area, the pharmacist has reason to believe the patient has received Rx's for controlled substance dangerous drugs from more than one prescriber in the preceding three months or the patient is exhibiting signs of abuse or diversion. Effective 12-1-21 OH ADC 4729:5-9-02.6 Pharmacist drug utilization review. (A) Except as provided in paragraph (F) of this rule, prior to dispensing any initial medication order or medication order change, a pharmacist shall conduct a prospective drug utilization review of the patient profile for the purpose of identifying the following: (1) Over-utilization or under-utilization of medications dispensed in the institutional facility; (2) Therapeutic duplication; (3) Drug-disease state contraindications; (4) Drug-drug interactions; (5) Incorrect drug dosage; (6) Drug-allergy interactions; (7) Abuse/misuse; (8) Inappropriate duration of drug treatment; and2021 OH REG TEXT 545343 (NS), 2021 OH REG TEXT 545343 (NS) (9) Food-nutritional supplements-drug interactions. (B) Upon identifying any issue listed in paragraph (A) of this rule, a pharmacist, using professional judgment, shall take appropriate steps to avoid or resolve the potential problem. These steps may include, but shall not be limited to, the following: (1) Requesting and reviewing an OARRS report or another state's prescription drug monitoring report; (2) Consulting with the prescriber; or (3) Counseling the patient. C) Prospective drug utilization review shall be performed using predetermined standards consistent with, but not limited to, any of the following: (1) Peer-reviewed medical literature (i.e. scientific, medical, and pharmaceutical publications in which original manuscripts are rejected or published only after having been critically reviewed by unbiased independent experts);

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
		(2) American hospital formulary service drug information; and (3) United States pharmacopeia drug information. (D) Based upon information obtained during a prospective drug utilization review, a pharmacist shall use professional judgment when making a determination about safe and appropriate use and the legitimacy of a medication order. A pharmacist shall not dispense a dangerous drug from a medication order or prescription of doubtful, questionable, or suspicious origin. E) The requirement to conduct a prospective drug utilization review in accordance with paragraph (A) of this rule does not apply to drugs personally furnished or administered from floor stock, contingency drugs, or an automated drug storage system in either of the following circumstances: (1) A prescriber controls the ordering, preparing, and administering of the drug; or (2) Delay would harm the patient. (F) A pharmacist shall conduct a retrospective review of medication orders within a reasonable amount time and make a determination about the safe and appropriate use and the legitimacy of the order in either of the following circumstances: (1) Any drug removed from the pharmacy or contingency stock in accordance with rule 4729:5-9-03.01 of the Administrative Code; and (2) The use of override medications as defined in paragraph (M) of rule 4729:5-9-01 of the Administrative Code. (G) An institutional facility shall develop and implement policies and procedures to require pharmacists to report unsafe or inappropriate prescribing or dosing by prescribers to the appropriate oversight committee.
Oklahoma	Prescriber	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. Section 2-309I. A. A practitioner shall not issue an initial prescription for an opioid drug in a quantity exceeding a seven day supply for treatment of acute pain. Any opioid prescription for acute pain shall be for the lowest effective dose of an immediate-release drug. B. Prior to issuing an initial prescription for an opioid drug in a course of treatment for acute or chronic pain, a practitioner shall: 4. Access relevant prescription monitoring information from the central repository pursuant to Section 2-309D of this title;

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Oklahoma	Dispenser	(c) A dispenser of a Schedule II, III, IV, or V controlled dangerous substance shall transmit to a central repository designated by the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control for each dispensation, that information required by 63 O.S. Section 2-309(C) if applicable. A dispenser of controlled substances under this section shall review the patients Prescription Monitoring Program ("PMP") pursuant to Oklahoma statutes and make a note of this review in the patient's chart.
Oregon	Prescriber	Pharmacists with authority to prescribe pseudoephedrine products must query the PDMP prior to issuing such a prescription. OAR 410-120-1260 (13) Enrolled providers are required to check the Prescription Drug Monitoring Program (PDMP), as defined in ORS 431A.655, before prescribing a schedule II controlled substance pursuant to 42 USC 1396w-3a. (a) Providers shall maintain documentation of the prescription drug history of the individual being treated; and (b) In the case that an enrolled provider is not able to conduct the PDMP check, the providers shall maintain documentation of efforts, including reasons why the provider was unable to conduct the check. (c) The PDMP check does not apply to clients in exempt populations: (A) Individuals receiving hospice care; (B) Individuals receiving palliative care; (C) Individuals receiving cancer treatment; (D) Individuals with sickle cell disease; and (E) Residents of long-term care facilities described in 42 USC 1396a(oo)(3)(A)(ii). (d) PDMP requirements are in accordance with OAR 333-023-0800 to 333-023-0830.

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Pennsylvania	Prescriber	System query.--A prescriber shall query the system: (1) for each patient the first time the patient is prescribed a controlled substance by the prescriber for purposes of establishing a baseline and a thorough medical record; (2) if a prescriber believes or has reason to believe, using sound clinical judgment, that a patient may be abusing or diverting drugs; or (3) each time a patient is prescribed an opioid drug product or benzodiazepine by the prescriber. System query.-- (1) A dispenser shall query the system before dispensing an opioid drug product or a benzodiazepine prescribed to a patient if any of the following apply: (i) The patient is a new patient of the dispenser. (ii) The patient pays cash when they have insurance. (iii) The patient requests a refill early. (iv) The patient is getting opioid drug products or benzodiazepines from more than one prescriber. (2) For the purposes of this subsection, a new patient does not include an individual going to the same pharmacy, or a different physical location of that pharmacy, if the patient's record is available to the dispenser. ((e) added Nov. 2, 2016, P.L.980, No.124)
Pennsylvania	Dispenser	System query.--A prescriber shall query the system: (1) for each patient the first time the patient is prescribed a controlled substance by the prescriber for purposes of establishing a baseline and a thorough medical record; (2) if a prescriber believes or has reason to believe, using sound clinical judgment, that a patient may be abusing or diverting drugs; or (3) each time a patient is prescribed an opioid drug product or benzodiazepine by the prescriber. System query.-- (1) A dispenser shall query the system before dispensing an opioid drug product or a benzodiazepine prescribed to a patient if any of the following apply: (i) The patient is a new patient of the dispenser. (ii) The patient pays cash when they have insurance. (iii) The patient requests a refill early. (iv) The patient is getting opioid drug products or benzodiazepines from more than one prescriber. (2) For the purposes of this subsection, a new patient does not include an individual going to the same pharmacy, or a different physical location of that pharmacy, if the patient's record is available to the dispenser. ((e) added Nov. 2, 2016, P.L.980, No.124)

PDMP TTAC

Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Rhode Island	Prescriber	All prescribers who hold a CSR (controlled substance registration) must check the PDMP prior to initially prescribing any opioid and regardless how the prescription is issued, prescribers must review the PDMP and must recheck the PDMP at least every three months. Opioid Treatment Programs are required to check Department of Health's Prescription Monitoring Program for each new admission. In addition, prior to advancement to a new take-home phase, programs are required to check the Department of Health's Prescription Monitoring Program; requires a practitioner treating a patient for pain management to review the PMP prior to starting an opioid and shall review the PMP at least every 12 months if the patient is continued on the opioid for a period of six months or longer; requires practitioner to check the PMP prior to refilling or initiating therapy with an intrathecal pump and shall review every three months for patients maintained on continuous opioid therapy for three months or longer. Requires that a practitioner query the PMP prior to issuing a written certification for medical marijuana and make a judgment about the potential for drug interaction, adverse events, or untoward clinical outcome from adding medical marijuana.
South Carolina	Prescriber	A practitioner, or the practitioner's authorized delegate, shall review a patient's controlled substance prescription history, as maintained in the prescription monitoring program, before the practitioner issues a prescription for a Schedule II controlled substance. The requirements of this section do not apply to: (1)a practitioner issuing a prescription for a Schedule II controlled substance to treat a hospice certified patient; (2)a practitioner issuing a prescription for a Schedule II controlled substance that does not exceed a five day supply for a patient; (3)a practitioner prescribing a Schedule II controlled substance for a patient with whom the practitioner has an established relationship for the treatment of a chronic condition; however, the practitioner must review the patient's controlled substance history maintained in the prescription monitoring program at least every three months; (4)a practitioner approving the administration of a Schedule II controlled substance by a health care provider licensed in South Carolina; (5)a practitioner prescribing a Schedule II controlled substance for a patient in a skilled nursing facility, nursing home, community residential care facility, or an assisted living facility and the patient's medications are stored, given, and monitored by staff; or (6)a practitioner who is temporarily unable to access the prescription monitoring program due to exigent circumstances; however, the exigent circumstances and the potential adverse impact to the patient if the prescription is not issued timely must be documented in the patient's medical record.

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Tennessee	Prescriber	Healthcare practitioners shall query the PDMP at the beginning of each new episode of treatment and semi-annually when that controlled substance remains part of the treatment; when dispensing a controlled substance, all healthcare practitioners shall query the PDMP prior to dispensing certain controlled substances to the patient for the first time at that practice site and at least semi-annually; before prescribing or dispensing, a healthcare practitioner shall query the PDMP if the practitioner is aware or reasonably certain that the person is attempting to obtain a Sch. II – V controlled substance for fraudulent, illegal, or medically inappropriate purposes. Nonresidential office-based opiate treatment facilities shall query the PMP upon every visit of the patient with a program physician. Rule 1145-01-.04 Drugs of Abuse. Pursuant to T.C.A. § 53-10-310(e)(4), in addition to opioids and benzodiazepines, the Commissioner finds, and the Committee has found at Rule 1140-11-.02, that Schedule II amphetamines demonstrate such a potential for abuse that when prescribing Schedule II amphetamines, all healthcare practitioners, unless otherwise exempted, shall check the controlled substance database prior to prescribing Schedule II amphetamines to a human patient in accordance with T.C.A. § 53-10-310(e)(1).
Tennessee	Dispenser	Healthcare practitioners shall query the PDMP at the beginning of each new episode of treatment and semi-annually when that controlled substance remains part of the treatment; when dispensing a controlled substance, all healthcare practitioners shall query the PDMP prior to dispensing certain controlled substances to the patient for the first time at that practice site and at least semi-annually; before prescribing or dispensing, a healthcare practitioner shall query the PDMP if the practitioner is aware or reasonably certain that the person is attempting to obtain a Sch. II – V controlled substance for fraudulent, illegal, or medically inappropriate purposes. Nonresidential office-based opiate treatment facilities shall query the PMP upon every visit of the patient with a program physician.

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Texas	Prescriber	Effective 3-1-20, a pharmacy is required to query the PDMP if s/he observes behavior by a patient indicating possible drug diversion or abuse based on the guidelines developed by the board. Practitioners, other than veterinarians, are required to query the PDMP before prescribing or dispensing opioids, benzodiazepines, barbiturates, or carisoprodol with certain exceptions. Prior to prescribing a Schedule III – V analgesic, an optometric glaucoma specialist must review the prescription data and history related to the patient, if any, in the PDMP, unless: (1) the patient has been diagnosed with cancer or the patient is receiving hospice care and the optometric glaucoma specialist clearly notes such in the patient record; or (2) the optometric glaucoma specialist makes a good faith attempt to comply but is unable due to circumstances outside the specialist's control. Dentists are required to query the PDMP prior to prescribing or dispensing opioids, benzodiazepines, barbiturates, or carisoprodol beginning March 1, 2020. Effective 7-13-20, prior to prescribing opioids, benzodiazepines, barbiturates, or carisoprodol for the treatment of chronic pain, a physician must review prescription data and history related to the patient, if any, contained in the Prescription Drug Monitoring Program. Minimum Operational Standards for the Treatment of Pain Patients, sets forth language outlining the requirements for the treatment of pain patients by all practices treating pain, regardless of certification or other status. The rule also provides requirements for Gold Designated Practice physicians treating new pain patients who are transferring care from another pain provider. Subsection (a) provides the minimum requirements for physicians treating pain patients, including standard of care, medical records, pain contracts, and monitoring requirements. Subsection (b) sets forth requirements for Gold Designated Practice physicians treating new pain patients who are transferring care from another pain provider and provides that the new physician may provide only a one-time 30-day maximum non refillable prescription for pain. Non-substantive changes in response to comments were adopted to §195.4(b)(1)©, so that a physician must request medical records from the prior treating physician(s) within 15 business days of seeing the patient, rather than being required to obtain the records within 15 days of seeing the patient. Corresponding non-substantive changes were adopted to §195.4(b)(3), so that a physician must perform certain tasks prior to prescribing additional medications beyond the one-time prescription at the initial visit, if the requested medical records are not received within 15 business days of the date of request, rather than the date of the initial visit.

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Texas	Dispenser	Effective 3-1-20, a pharmacy is required to query the PDMP if s/he observes behavior by a patient indicating possible drug diversion or abuse based on the guidelines developed by the board. Practitioners, other than veterinarians, are required to query the PDMP before prescribing or dispensing opioids, benzodiazepines, barbiturates, or carisoprodol with certain exceptions. Prior to prescribing a Schedule III – V analgesic, an optometric glaucoma specialist must review the prescription data and history related to the patient, if any, in the PDMP, unless: (1) the patient has been diagnosed with cancer or the patient is receiving hospice care and the optometric glaucoma specialist clearly notes such in the patient record; or (2) the optometric glaucoma specialist makes a good faith attempt to comply but is unable due to circumstances outside the specialist's control. Dentists are required to query the PDMP prior to prescribing or dispensing opioids, benzodiazepines, barbiturates, or carisoprodol beginning March 1, 2020. Effective 7-13-20, prior to prescribing opioids, benzodiazepines, barbiturates, or carisoprodol for the treatment of chronic pain, a physician must review prescription data and history related to the patient, if any, contained in the Prescription Drug Monitoring Program.
Utah	Prescriber	A prescriber shall query the PMP prior to the first time the prescriber prescribes a Sch. II or III opioid for a patient unless: 1) the prescription is for 3 days or less; 2) the prescriber has prior knowledge of the patient's prescription history based on the prescriber's review of the patient's health record; or 3) the prescription is post-surgical and the total duration of opioid is for 30 days or less. Provides that if the prescriber is repeatedly prescribing a Sch. II or III opioid to a patient, the prescriber shall periodically query the PMP or other similar records of controlled substances the patient has filled. §58-37f-303 provides that a prescriber or dispenser of an opioid for outpatient usage shall diligently access and review the database. If a dispenser's review of the system indicates that a patient seeking an opioid may be obtaining opioids in quantities or frequencies inconsistent with generally recognized standards, the dispenser shall attempt to contact the prescriber to obtain the prescriber's informed, current, and professional opinion as to whether the prescribed opioid is medically justified. Any qualified medical provider who recommends or renews a recommendation for medical marijuana to review any record related to the patient in the state's electronic verification system and the controlled substance database.

PDMP TTAC

Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Utah	Dispenser	A prescriber shall query the PMP prior to the first time the prescriber prescribes a Sch. II or III opioid for a patient unless: 1) the prescription is for 3 days or less; 2) the prescriber has prior knowledge of the patient's prescription history based on the prescriber's review of the patient's health record; or 3) the prescription is post-surgical and the total duration of opioid is for 30 days or less. Provides that if the prescriber is repeatedly prescribing a Sch. II or III opioid to a patient, the prescriber shall periodically query the PMP or other similar records of controlled substances the patient has filled. §58-37f-303 provides that a prescriber or dispenser of an opioid for outpatient usage shall diligently access and review the database. If a dispenser's review of the system indicates that a patient seeking an opioid may be obtaining opioids in quantities or frequencies inconsistent with generally recognized standards, the dispenser shall attempt to contact the prescriber to obtain the prescriber's informed, current, and professional opinion as to whether the prescribed opioid is medically justified. Any qualified medical provider who recommends or renews a recommendation for medical marijuana to review any record related to the patient in the state's electronic verification system and the controlled substance database.

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Vermont	Prescriber	Vermont Prescription Monitoring System Rule: 6.2 Prescriber-Required Querying of VPMS Prior to prescribing a controlled substance for a patient, Vermont licensed prescribers and/or their delegates must query the VPMS system in the following circumstances: 6.2.1 The first time the provider prescribes an opioid Schedule II, III, or IV controlled substance written to treat pain when such a prescription exceeds 10 pills or the equivalent; 6.2.2 When starting a patient on a Schedule II, III, or IV controlled substance for nonpalliative long-term pain therapy of 90 days or more; 6.2.3 Prior to writing a replacement prescription for a Schedule II, III, or IV controlled substance; 6.2.4 At least annually for patients who are receiving ongoing treatment (treatment without meaningful interruption) with an opioid Schedule II, III, or IV controlled substance; 6.2.5 The first time a provider prescribes a benzodiazepine; 6.2.6 When a patient requests an opioid prescription or a renewal of an existing prescription for pain from an Emergency Department or Urgent Care prescriber if the prescriber intends to write a prescription for an opioid; 6.2.7 With the exception of prescriptions written from an OTP, prior to prescribing buprenorphine or a drug containing buprenorphine to a Vermont patient for the first time and at regular intervals thereafter, and: 6.2.7.1 At regular intervals thereafter, but no less than twice annually; and 6.2.7.2 No fewer than two times annually thereafter; and 6.2.7.3 Prior to writing a replacement prescription. 6.2.8 In the case of an OTP, prior to prescribing buprenorphine, methadone, or a drug containing buprenorphine to a Vermont patient for the first time, and: 6.2.8.1 Annually thereafter; and 6.2.8.2 Any other time that is clinically warranted. 5.2 Pharmacist Required Querying of the VPMS All dispensers, with the exception of hospital-based dispensers dispensing a quantity of a Schedule II, III, or IV opioid controlled substance that is sufficient to treat a patient for fewer than 48 hours shall query the Vermont Prescription Monitoring System in the following circumstances: 5.2.1 Prior to dispensing a prescription for a Schedule II, III, or IV opioid controlled substance to a patient who is new to the pharmacy; 5.2.2 When an individual pays cash for a prescription for a Schedule II, III, or IV opioid controlled substance and the individual has prescription drug coverage on file; 5.2.3 When a patient requests a refill of a prescription for a Schedule II, III, or IV opioid controlled substance substantially in advance of when a refill would ordinarily be due; and 5.2.4 When the dispenser is aware that the patient is being prescribed Schedule II, III, or IV opioid controlled substances by more than one prescriber. VT ADC 12-5-102:6.0 Clinical Care and Management Requirements 6.5.2 Monitoring for Diversion 6.5.2.1 To ensure patient and public safety, each OBOT provider shall develop clinical practices to minimize risk of diversion. These clinical practices shall include: 6.5.2.1.1 Querying VPMS as required by the Vermont Prescription Monitoring System Rule.

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

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

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Virginia	Prescriber	Prescribers must query the PDMP at the time of initiating a new course of treatment that includes the prescribing of opioids anticipated at the outset of treatment to last more than 7 days, except: 1) if it is prescribed to a patient receiving hospice or palliative care; 2) prescribed to a patient as part of treatment for a surgical or invasive procedure and such prescription is not refillable; 3) prescribed to a patient during an inpatient hospital admission or at discharge; 4) prescribed to a patient in a nursing home or assisted living facility that uses a sole source pharmacy; 5) the PDMP isn't operational; 6) prescriber is unable to access the PDMP due to emergency or disaster. Provides that, prior to initiating treatment with a controlled substance containing an opioid for a complaint of acute pain, the prescriber shall query the PMP and conduct an assessment of the patient's history and risk of substance abuse as part of the initial evaluation. Further provides that a practitioner shall query the PMP when evaluating patient with chronic pain. When treating patients with opioid therapy for chronic pain, practitioners shall query the PMP at least every three months after the initiation of treatment. Provides that, when treating patients with substance use disorder, patients shall query the PMP as part of an initial assessment. Prior to starting medication assisted treatment, practitioners shall query the PMP. Provides that, prior to initiating treatment with a controlled substance containing an opioid for a complaint of acute pain, the dentist shall query the PMP and conduct an assessment of the patient's history and risk of substance abuse as part of the initial evaluation. Further provides that if another prescription for an opioid is to be written beyond seven days, the dentist shall query the PMP. A nurse practitioner shall query the PMP when evaluating a patient with chronic pain. Prior to starting medication assisted treatment, practitioners shall query the PMP. A practitioner issuing a certification for cannabidiol oil or THC-A oil shall access or direct the practitioner's delegate to access the PDMP for the purpose of determining which, if any, covered substances have been dispensed to the patient. Opioid treatment program services to provide that OTP risk management shall be clearly and adequately documented in each individual's record and shall include, among other things, a check of the PDMP prior to initiation of buprenorphine products or naltrexone products and at least quarterly for all individuals thereafter. Office-based opioid treatment to provide that OBOT risk management shall be documented in each individual's record and shall include, among other things, a check of the PDMP prior to initiation of buprenorphine products or naltrexone products and at least quarterly for all individuals thereafter. 18 VAC 90-70-170. Evaluation of the chronic pain patient. B. Prior to initiating management of chronic pain with a controlled substance containing an opioid, a medical history and physical examination, to include a mental status examination, shall be performed and documented in the medical record, including:

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
		7. A query of the Prescription Monitoring Program as set forth in § 54.1-2522.1 of the Code of Virginia; 18 VAC 90-70-210. Opioid therapy for chronic pain. A. The practitioner shall review the course of pain treatment and any new information about the etiology of the pain or the patient's state of health at least every three months. B. Continuation of treatment with opioids shall be supported by documentation of continued benefit from the prescribing. If the patient's progress is unsatisfactory, the practitioner shall assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. C. Practitioners shall check the Prescription Monitoring Program at least every three months after the initiation of treatment. D. The practitioner shall order and review a urine drug screen or serum medication levels at the initiation of chronic pain management and thereafter randomly at the discretion of the practitioner but at least once a year. E. The practitioner shall regularly evaluate for opioid use disorder and shall initiate specific treatment for opioid use disorder, consult with an appropriate health care provider, or refer the patient for evaluation for treatment if indicated. 3 VAC 10-30-30. Requirements for practitioner issuing a certification. A. Prior to issuing a certification for cannabis products for any diagnosed condition or disease, the practitioner shall meet the requirements of § 4.1-1601 of the Code of Virginia. B. A practitioner issuing a certification shall: 1. Conduct an assessment and evaluation of the patient in order to develop a treatment plan for the patient, which shall include an examination of the patient and the patient's medical history, prescription history, and current medical condition.

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Virginia	Dispenser	18 VAC 110-60-310. Dispensing of cannabis oil. A. A pharmacist in good faith may dispense cannabis oil to any registered patient, parent, or legal guardian as indicated on the written certification. 1. Prior to the initial dispensing of cannabis oil pursuant to each written certification, the pharmacist or pharmacy technician at the location of the pharmaceutical processor or cannabis dispensing facility shall view a current photo identification of the patient, parent, or legal guardian. The pharmacist or pharmacy technician shall verify in the Virginia Prescription Monitoring Program of the Department of Health Professions or other program recognized by the board that the registrations are current, the written certification has not expired, and the date and quantity of the last dispensing of cannabis oil to the registered patient.

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Washington	Prescriber	In 2017, the legislature passed a law that focuses on improving opioid prescribing, and on monitoring prescriptions. The law requires five healthcare professional boards and commissions to adopt new rules for prescribing opioid drugs: -Medical Commission -Board of Osteopathic Medicine and Surgery -Nursing Commission -Dental Quality Assurance Commission -Podiatric Medical Board 10-1-21: WAC 182-530-1080 Requirements for prescribing and dispensing controlled substances—Prescription monitoring program (PMP). This section identifies the steps prescribers must take before prescribing a controlled substance and the steps pharmacists must take when dispensing a controlled substance from an outpatient pharmacy to check an apple health client's prescriptiondrug history in the prescription monitoringprogram (PMP) described in chapter 246-470 WAC. (1) PMP review required. Except as identified in subsection (4) of this section, a prescriber, before prescribing, and a pharmacist, when dispensing, must check all of a client's current prescriptions in the PMP, including any prescriptions not paid for by apple health. (2) Retrieval by delegates allowed. A prescriber or pharmacist may delegate the retrieval of the client's PMP information to anyone in their practice setting with authorization to access the PMP, so long as the prescriber or pharmacist reviews all of the client's current prescriptions in the PMP before prescribing or when dispensing a controlled substance. (3) Documentation. The prescriber and pharmacist must document in the client's record the date and time of the: (a) Retrieval of information from the PMP; and (b) Review of information from the PMP.

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Washington	Dispenser	In 2017, the legislature passed a law that focuses on improving opioid prescribing, and on monitoring prescriptions. The law requires five healthcare professional boards and commissions to adopt new rules for prescribing opioid drugs: -Medical Commission -Board of Osteopathic Medicine and Surgery -Nursing Commission -Dental Quality Assurance Commission -Podiatric Medical Board 10-1-21: WAC 182-530-1080 Requirements for prescribing and dispensing controlled substances—Prescription monitoring program (PMP). This section identifies the steps prescribers must take before prescribing a controlled substance and the steps pharmacists must take when dispensing a controlled substance from an outpatient pharmacy to check an apple health client's prescriptiondrug history in the prescription monitoringprogram (PMP) described in chapter 246-470 WAC. (1) PMP review required. Except as identified in subsection (4) of this section, a prescriber, before prescribing, and a pharmacist, when dispensing, must check all of a client's current prescriptions in the PMP, including any prescriptions not paid for by apple health. (2) Retrieval by delegates allowed. A prescriber or pharmacist may delegate the retrieval of the client's PMP information to anyone in their practice setting with authorization to access the PMP, so long as the prescriber or pharmacist reviews all of the client's current prescriptions in the PMP before prescribing or when dispensing a controlled substance. (3) Documentation. The prescriber and pharmacist must document in the client's record the date and time of the: (a) Retrieval of information from the PMP; and (b) Review of information from the PMP.

PDMP TTAC

Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
West Virginia	Prescriber	Upon initially prescribing any Schedule II controlled substance, any opioid or any benzodiazepine to a patient who is not suffering from a terminal illness, and at least annually thereafter should the practitioner continue to treat the patient with a controlled substance, shall access the West Virginia Controlled Substances Monitoring Program Database for information regarding specific patients. The information obtained from accessing the West Virginia Controlled Substances Monitoring Program Database for the patient shall be documented in the patient's medical record maintained by a private prescriber or any inpatient facility licensed pursuant to the provisions of chapter 16 of this code.. Prior to dispensing or prescribing medication-assisted treatment medications, the treating physician must access the PMP to ensure the patient is not seeking medication-assisted treatment medications that are controlled substances from multiple sources and shall review the PMP no less than quarterly and at each patient's physical examination. Requires opioid treatment programs to query the PMP upon admission of the patient, at least quarterly to determine if controlled substances other than those prescribed medication assisted treatment medications are being prescribed for the patient, and at each patient's physical assessment. Provides that the initial physical assessment of a patient seeking admittance to a medication assisted treatment program shall include an inquiry to and report from the PMP. Further provides that program physicians shall access the PMP at the patient's intake, before administration of MAT medications or other treatment in a MAT program, after the initial 30 days of treatment, prior to any take-home medication being granted, after any positive drug test, and at each 90-day treatment review. Pharmacists must access the PDMP database upon initially dispensing any Schedule II controlled substance, any opioid, or any benzodiazepine to a patient who is not suffering a terminal illness. 4.1. The provisions of this section only apply to a practitioner's prescribing, administering or dispensing of Schedule II controlled substances, opioids, or benzodiazepines to a patient that the practitioner does not consider to be suffering from a terminal illness. 4.2 A practitioner shall apply for and receive capability to access the CSMP providing a patient any Schedule II controlled substance, any opioid, or any benzodiazepine. 4.3. Before initially providing any Schedule II controlled substance, any opioid, or any benzodiazepine to a patient a current practitioner shall access the CSMP to determine whether the patient has obtained any controlled substance reported to the CSMP from any source other than the current practitioner within the twelve month period immediately preceding the current practitioner's encounter with the patient. 4.4. The practitioner shall promptly document the initial CSMP data review in the patient's medical record. Documentation must include the date the practitioner accessed the patient's CSMP record, a dated copy of the CSMP

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
		report or a list of all controlled substances reported to the CSMP as dispensed to the patient within the preceding twelve months, and the practitioner's rationale for providing the patient Schedule II controlled substance(s), opioid(s), and/or benzodiazepine(s). 4.5. If a practitioner-patient relationship continues and the course of treatment includes the continued prescribing, dispensing or administering of any controlled substance, the practitioner shall access the CSMP at least annually to determine whether the patient has obtained any controlled substances reported to the CSMP from any source other than the current practitioner within the twelve month period immediately preceding the date of access. The date of access and any controlled substances from any other source other than the current practitioner reported to the CSMP within such twelve month period immediately preceding the date of access shall be then promptly documented in the patient's medical record by the current practitioner, with rationale for continuing provision of the controlled substance by the current practitioner. 4.6. A practitioner may review a patient's CSMP data more frequently than annually. However, a practitioner must document each CSMP data review in the patient medical record. Documentation must include the date the practitioner accessed the patient's CSMP record, a dated copy of the CSMP report or a list of all controlled substances reported to the CSMP for the patient from any source other than the practitioner, and the practitioner's rationale for discontinuing or continuing to provide controlled substances to the patient. 4.7. A practitioner who is providing a patient controlled substance medication shall review a patient's CSMP data whenever the provider has a specific concern regarding controlled substance abuse, misuse, or diversion of controlled substances by the patient. Prescribing Authority and Limitations. 8.1. When prescribing to a patient via telemedicine, a telehealth provider shall prescribe within the prescriptive authority of the provider's profession in this state. 8.2. A telehealth provider who provides health care to a patient solely through the use of telemedicine technologies is prohibited from prescribing a controlled substance listed in Schedule II of the Uniform Controlled Substance Act except under the following circumstances, which are authorized by W. Va. Code § 30-3-13a: 8.2.1. The patient is an established patient of the prescribing telehealth provider's group practice; 8.2.2. The provider submits an order to dispense a Schedule II controlled substance to a hospital patient, other than in the emergency department, for immediate administration in a hospital; or 8.2.3. The telehealth provider is treating patients who are minors, or if 18 years of age or older, who are enrolled in a primary or secondary education program and are diagnosed with intellectual or developmental disabilities,

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
		neurological disease, Attention Deficit Disorder, Autism, or a traumatic brain injury in accordance with guidelines as set forth by organizations such as the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, or the American Academy of Pediatrics. The provider must maintain records supporting the diagnosis and the continued need of treatment. 8.3. A telehealth provider who prescribes any medication listed in Schedules II though V of the Uniform ControlledSubstance Act pursuant to a telehealth encounter with a patient at an originating site in West Virginia shall: 8.3.1. Obtain and maintain online or other electronic access to the CSMP; 8.3.2. Comply with all preconditions to prescribing identified in W. Va. Code § 60A-9-5a and the requirements set forth in 11 CSR 10; 8.3.3. Maintain a record of the controlled substance prescribed and the diagnosis or basis for the prescription in the patient medical record; 8.3.4. Comply with all prescribing protocols and prescribing limitations established in the Opioid Reduction Act, W. Va. Code § 16-54-1 et seq; and 8.3.5. Comply with all state and federal laws which govern the prescribing of controlled substances. 8.4. A telehealth provider may not prescribe any drug with the intent of causing an abortion. 17.11. The program shall check the Controlled Substances Monitoring Program database 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. The patient's record shall include documentation of the check of the Controlled Substances Monitoring Program database and the date upon which it occurred. 23.1. Each MAT program shall comply with policies and procedures developed by the designated state oversight agency and the West Virginia Board of Pharmacy to allow physicians treating patients through a MAT program access to the Controlled Substances Monitoring Program database maintained by the West Virginia Boar of Pharmacy. 23.2. The program physician shall access the Controlled Substances Monitoring Program database in order to ensure that the patient is not seeking prescription medication from multiple sources. The results obtained from the database shall be maintained with the patient records. 23.3. Program physicians shall access the database: 23.3.a. At the patient's intake; 23.3.b. Before the administration of medication-assisted treatment medications or other treatment in a MAT program; 23.3.c. After the initial 30 days of treatment; 23.3.d. Prior to any take-home medication being granted, if applicable; 23.3.e. After any positive drug test; and

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
		23.3.f. At each 90-dat treatment review. 1.1. Scope. -- W. Va. Code §60A-9-5A(a) provides that all practitioners who prescribe or dispense Schedule II, III, IV or V controlled substances shall register with the Controlled Substances Monitoring Program and obtain and maintain online or other electronic access to the program database: Provided, That compliance with the provisions of this subsection must be accomplished within 30 days of the practitioner obtaining a new license: Provided, however, That the Board of Pharmacy may renew a practitioner's license without proof that the practitioner meet the requirements of this subsection. W. Va. Code §60A-9-5A(b) provides that all persons with prescriptive or dispensing authority and in possession of a valid Drug Enforcement Administration registration identification number and who are licensed by the Board of Registered Nurses upon initially prescribing or dispensing any pain-relieving substance for a patient, any Schedule II controlled substance, any opioid or any benzodiazepine to a patient who is not suffering from a terminal illness, and at least annually thereafter should the practitioner or dispenser continue to treat the patient with a controlled substance, shall access the West Virginia Controlled Substances Monitoring Program Database for information regarding specific patients. The information obtained from accessing the West Virginia Controlled Substances Monitoring Program Database for the patient shall be documented in the patient's medical record maintained by a private prescriber or any inpatient facility licensed pursuant to the provisions of Chapter 16 of this code. A pain-relieving controlled substance shall be defined as set forth in §30-3A-1 of this code. W. Va. Code §60A-9-5A(b) provides that emergency and legislative rules are to be promulgated to effectuate the provisions of W. Va. Code §60A-9-5A. §16B-13-5. Operational requirements. (j) A person may not dispense any medication-assisted treatment medication, including a controlledsubstance as defined by §60A-1-101 of this code, on the premises of a licensed medication-assisted treatment program, unless he or she is a physician or pharmacist licensed in this state and employed by the medication-assisted treatment program unless the medication-assisted treatment program is a federally certified narcotic treatment program. Prior to dispensing or prescribing medication-assisted treatment medications, the treating physician must access the Controlled Substances Monitoring Program Database to ensure the patient is not seeking medication-assisted treatment medications that are controlled substances from multiple sources and to assess potential adverse drug interactions, or both. Prior to dispensing or prescribing medication-assisted treatment medications, the treating physician shall also ensure that the medication-assisted treatment medication utilized is related to an appropriate diagnosis of a substance use

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
		disorder and approved for such usage. The physician shall also review the Controlled Substances Monitoring Program Database no less than quarterly and at each patient's physical examination. The results obtained from the Controlled Substances Monitoring Program Database shall be maintained with the patient's medical records.

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
West Virginia	Dispenser	Upon initially prescribing any Schedule II controlled substance, any opioid or any benzodiazepine to a patient who is not suffering from a terminal illness, and at least annually thereafter should the practitioner continue to treat the patient with a controlled substance, shall access the West Virginia Controlled Substances Monitoring Program Database for information regarding specific patients. The information obtained from accessing the West Virginia Controlled Substances Monitoring Program Database for the patient shall be documented in the patient's medical record maintained by a private prescriber or any inpatient facility licensed pursuant to the provisions of chapter 16 of this code.. Prior to dispensing or prescribing medication-assisted treatment medications, the treating physician must access the PMP to ensure the patient is not seeking medication-assisted treatment medications that are controlled substances from multiple sources and shall review the PMP no less than quarterly and at each patient's physical examination. Requires opioid treatment programs to query the PMP upon admission of the patient, at least quarterly to determine if controlled substances other than those prescribed medication assisted treatment medications are being prescribed for the patient, and at each patient's physical assessment. Provides that the initial physical assessment of a patient seeking admittance to a medication assisted treatment program shall include an inquiry to and report from the PMP. Further provides that program physicians shall access the PMP at the patient's intake, before administration of MAT medications or other treatment in a MAT program, after the initial 30 days of treatment, prior to any take-home medication being granted, after any positive drug test, and at each 90-day treatment review. Pharmacists must access the PDMP database upon initially dispensing any Schedule II controlled substance, any opioid, or any benzodiazepine to a patient who is not suffering a terminal illness. 1.1. Scope. -- W. Va. Code §60A-9-5A(a) provides that all practitioners who prescribe or dispense Schedule II, III, IV or V controlled substances shall register with the Controlled Substances Monitoring Program and obtain and maintain online or other electronic access to the program database: Provided, That compliance with the provisions of this subsection must be accomplished within 30 days of the practitioner obtaining a new license: Provided, however, That the Board of Pharmacy may renew a practitioner's license without proof that the practitioner meet the requirements of this subsection. W. Va. Code §60A-9-5A(b) provides that all persons with prescriptive or dispensing authority and in possession of a valid Drug Enforcement Administration registration identification number and who are licensed by the Board of Registered Nurses upon initially prescribing or dispensing any pain-relieving substance for a patient, any Schedule II controlled substance, any opioid or any benzodiazepine to a patient who is not suffering from a terminal illness, and at least annually thereafter should the practitioner

Mandatory PDMP Use

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		or dispenser continue to treat the patient with a controlled substance, shall access the West Virginia Controlled Substances Monitoring Program Database for information regarding specific patients. The information obtained from accessing the West Virginia Controlled Substances Monitoring Program Database for the patient shall be documented in the patient's medical record maintained by a private prescriber or any inpatient facility licensed pursuant to the provisions of Chapter 16 of this code. A pain-relieving controlled substance shall be defined as set forth in §30-3A-1 of this code. W. Va. Code §60A-9-5A(b) provides that emergency and legislative rules are to be promulgated to effectuate the provisions of W. Va. Code §60A-9-5A. §16B-13-5. Operational requirements. (j) A person may not dispense any medication-assisted treatment medication, including a controlledsubstance as defined by §60A-1-101 of this code, on the premises of a licensed medication-assisted treatment program, unless he or she is a physician or pharmacist licensed in this state and employed by the medication-assisted treatment program unless the medication-assisted treatment program is a federally certified narcotic treatment program. Prior to dispensing or prescribing medication-assisted treatment medications, the treating physician must access the Controlled Substances Monitoring Program Database to ensure the patient is not seeking medication-assisted treatment medications that are controlled substances from multiple sources and to assess potential adverse drug interactions, or both. Prior to dispensing or prescribing medication-assisted treatment medications, the treating physician shall also ensure that the medication-assisted treatment medication utilized is related to an appropriate diagnosis of a substance use disorder and approved for such usage. The physician shall also review the Controlled Substances Monitoring Program Database no less than quarterly and at each patient's physical examination. The results obtained from the Controlled Substances Monitoring Program Database shall be maintained with the patient's medical records.

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Wisconsin	Prescriber	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. WI ADC s DHS 75.59 Opioid treatment program. (25) PRESCRIPTION DRUG MONITORING PROGRAM. (a) Policy and Procedure. The service must develop and maintain a policy and procedure that requires the ongoing monitoring of the data from the prescription drug monitoring program (PDMP) for each patient. The policy and procedure must include how the service meets the requirements in par. (b). (b) Requirements. If a medication used for the treatment of substance use disorder is administered or dispensed to a patient, the OTP shall be subject to the following requirements: 1. Upon admission a patient must be notified in writing that the medical director must monitor the PDMP to review the prescribed controlled drugs a client received. 2. The medical director or the medical director's delegate must review the data from the PDMP before the patient is ordered any controlled substance including medications for maintenance therapy, and subsequent reviews of the PDMP data must occur at least every 90 days. 3. A copy of the PDMP data reviewed must be maintained in the client's file. 4. When the PDMP data contains a recent history of multiple prescribers or multiple prescriptions for controlled substances, the physician's review of the data and subsequent actions must be documented in the patient's file within 72 hours and must contain the medical director's determination of whether the prescriptions place the patient at risk of harm and the actions to be taken in response to the PDMP findings. The provider must conduct subsequent reviews of the PDMP in these circumstances on a monthly basis. 5. If at any time the medical director believes the use of the controlled substances places the patient at risk of harm, the service must seek the patient's consent to discuss the patient's opioid treatment with other prescribers and for other prescribers to disclose to the OTP's medical director of the client's condition that formed the basis of the other prescriptions. If the information is not obtained within 7 days, the medical director must document whether or not changes to the client's medication dose or number of unsupervised use doses are necessary until the information is obtained.

Mandatory PDMP Use

STATE	Type	Conditions, if applicable
Wyoming	Prescriber	when a practitioner, other than a veterinarian, prescribes a Schedule II – V controlled substance, the practitioner or his delegate shall query the PDMP for prior prescriptions issued to the patient before first issuing the prescription and shall repeat the search every three months thereafter for as long as the controlled substance remains a part of the patient's treatment. Dentists register with and utilize the PDMP to promote the appropriate use of controlled substances for legitimate medical purposes, while deterring the misuse, abuse, and diversion of these substances. - Provides that a practitioner who prescribes a Schedule V controlled substance shall only be required to query the PDMP if the substance is an opioid.