



# **MANDATED USE OF STATE PRESCRIPTION DRUG MONITORING PROGRAMS (PMPS)**

## **HIGHLIGHTS OF KEY STATE REQUIREMENTS**

Research current as of June 30, 2017.

This project was supported by Grant No. G1599ONDCP03A, awarded by the Office of National Drug Control Policy. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the Office of National Drug Control Policy or the United States Government.

© 2017 National Alliance for Model State Drug Laws (NAMSDL). Research is current as of June 30, 2017. Research is conducted using both nationwide legal database software and individual state legislative/regulatory websites. This document may be reproduced in whole or in part for non-commercial purposes with full attribution to NAMSDL. This document is intended for educational purposes only and does not constitute legal advice or opinion. Please contact Sherry Green at [sgreen@namsdl.org](mailto:sgreen@namsdl.org) or at 505.692.0457 with any additional updates or information that may be relevant to this document. For more information about NAMSDL, please go to [www.namsdl.org](http://www.namsdl.org)

## MANDATED USE OF THE PMP

### LINKS TO STATE SPECIFIC STATUTES, RULES, AND REGULATIONS

<a href="#"><u>ALASKA</u></a>	<a href="#"><u>LOUISIANA</u></a>	<a href="#"><u>NEW YORK</u></a>	<a href="#"><u>UTAH</u></a>
<a href="#"><u>ARIZONA</u></a>	<a href="#"><u>MAINE</u></a>	<a href="#"><u>NORTH CAROLINA</u></a>	<a href="#"><u>VERMONT</u></a>
<a href="#"><u>ARKANSAS</u></a>	<a href="#"><u>MARYLAND</u></a>	<a href="#"><u>NORTH DAKOTA</u></a>	<a href="#"><u>VIRGINIA</u></a>
<a href="#"><u>CALIFORNIA</u></a>	<a href="#"><u>MASSACHUSETTS</u></a>	<a href="#"><u>OHIO</u></a>	<a href="#"><u>WASHINGTON</u></a>
<a href="#"><u>COLORADO</u></a>	<a href="#"><u>MISSISSIPPI</u></a>	<a href="#"><u>OKLAHOMA</u></a>	<a href="#"><u>WEST VIRGINIA</u></a>
<a href="#"><u>CONNECTICUT</u></a>	<a href="#"><u>MINNESOTA</u></a>	<a href="#"><u>PENNSYLVANIA</u></a>	<a href="#"><u>WISCONSIN</u></a>
<a href="#"><u>DELAWARE</u></a>	<a href="#"><u>NEVADA</u></a>	<a href="#"><u>RHODE ISLAND</u></a>	
<a href="#"><u>GEORGIA</u></a>	<a href="#"><u>NEW HAMPSHIRE</u></a>	<a href="#"><u>SOUTH CAROLINA</u></a>	
<a href="#"><u>INDIANA</u></a>	<a href="#"><u>NEW JERSEY</u></a>	<a href="#"><u>TENNESSEE</u></a>	
<a href="#"><u>KENTUCKY</u></a>	<a href="#"><u>NEW MEXICO</u></a>	<a href="#"><u>TEXAS</u></a>	

**MANDATED USE OF THE PMP - HIGHLIGHTS OF KEY STATE REQUIREMENTS\***

**INITIAL PRESCRIBING OF A DESIGNATED SUBSTANCE**

<b>STATE</b>	<b>DESIGNATED SUBSTANCE</b>	<b>SUBSEQUENT CHECK</b>
Arizona	Opioid or benzodiazepine for new course of treatment (eff. later of 10/1/17 or 60 days after statewide HIE integrates PMP data)	At least quarterly while prescription remains part of treatment (eff. later of 10/1/17 or 60 days after statewide HIE integrates PMP data)
Arkansas	Benzodiazepine	
	Oncologist must check when prescribing initial malignant episodic diagnosis	Every three months
California	Schedule II, III or IV (report obtained no earlier than 24 hours or previous business day prior to prescribing; eff. 6 months after certification by Dept. of Justice)	At least every 4 months for continued treatment (eff. 6 months after certification by Dept. of Justice)
Connecticut	More than 72 hour supply of controlled substance	At least every 90 days for other than Schedule V nonnarcotic; at least annually for Schedule V nonnarcotic
Georgia	Opiates or benzodiazepines	At least every 90 days (eff. As of 7/1/18 and if Department of Health certifies PMP accessible and operational 99.5% of time)
Indiana	Ephedrine, pseudoephedrine or controlled substance in opioid treatment program	Periodically during treatment
Kentucky	Schedule II or III containing hydrocodone, designated Schedule IV prescribed by a dentist or podiatrist	At least every 3 months if treatment extends beyond three months for physicians and advance practice registered nurses; for podiatrists, at least every 3 months after completion of initial supply
	Controlled substance for pain or other symptoms associated with primary medical complaint (physicians)	At least every 3 months if treatment with substance to patient 16 years or older continues beyond 3 months (physicians)
Louisiana	Opioid	At least every 90 days if treatment with an opioid continues for more than 90 days
Maine	Opioid or benzodiazepine	Every 90 days as long as prescription renewed
Maryland	Opioid or benzodiazepine to initiate treatment (eff. 7/1/18)	At least every 90 days if treatment includes prescribing opioid or benzodiazepine for more than 90 days (eff. 7/1/18)

\* See state specific statutes, rules, and regulations for details of highlighted mandated use provisions, additional use requirements, and applicable exceptions.

**MANDATED USE OF THE PMP - HIGHLIGHTS OF KEY STATE REQUIREMENTS\***

**INITIAL PRESCRIBING OF A DESIGNATED SUBSTANCE**

<b>STATE</b>	<b>DESIGNATED SUBSTANCE</b>	<b>SUBSEQUENT CHECK</b>
Massachusetts	Schedule II or III narcotic, benzodiazepine, Schedule IV or V designated by Dept. of Public Health	
Nevada	Schedule II, III or IV controlled substance, or a Schedule V opioid, to a new patient	
	More than 7 day supply of Schedule II, III or IV controlled substance, or Schedule V opioid, for new treatment for existing patient	
New Hampshire	Opioid for management or treatment of pain (excludes veterinarians)	At least twice per year
New Jersey	Schedule II to new patient for acute or chronic pain	Every 90 days for ongoing treatment of acute or chronic pain to new or existing patient with Schedule II
New Mexico	More than 4 day supply of opioid	At least every 3 months for continuous opioid prescribing to established patient
	More than a 10 day supply of a Schedule II, III or IV non-opioid to new patient for pain	
North Carolina	Targeted controlled substance	Every 3 months targeted controlled substance remains part of medical care
North Dakota	Controlled substance for new or unestablished patient	Every 6 months for ongoing treatment with substance
Ohio	Opioid or benzodiazepine	At least every 90 days if treatment continues for more than 90 days
	Reported drug other than opioid or benzodiazepine lasting more than 90 days	At least annually until treatment with reported drug ends
Oklahoma	Opiate, benzodiazepine or carisoprodol	If 180 days elapsed since prior check
Pennsylvania	Controlled substance	
Rhode Island	Opioid	At least every 3 months for continuous opioid therapy for pain for 3 months or longer

\* See state specific statutes, rules, and regulations for details of highlighted mandated use provisions, additional use requirements, and applicable exceptions.

**MANDATED USE OF THE PMP - HIGHLIGHTS OF KEY STATE REQUIREMENTS\***

**INITIAL PRESCRIBING OF A DESIGNATED SUBSTANCE**

<b>STATE</b>	<b>DESIGNATED SUBSTANCE</b>	<b>SUBSEQUENT CHECK</b>
South Carolina	Schedule III or IV prescribed by Medicaid participating provider	
	Initiation by Medicaid participating provider of chronic treatment with controlled substance	At least every 90 days for chronic treatment with substance
Tennessee	Opioid, benzodiazepine or controlled substance identified as demonstrating abuse potential	At least annually when substance remains part of treatment
Utah	Schedule II or III opioid	
Vermont	Opioid for chronic pain	At least annually for ongoing treatment with opioid
	Schedule II, III or IV for nonpalliative long-term pain therapy of 90 days or longer	At least annually for ongoing treatment with opioid
	Extended release hydrocodone or oxycodone not in abuse deterrent form	At least every 120 days for 40 mg or more per day of hydrocodone or 30 mg or more per day of oxycodone; at least annually for ongoing treatment with less than 40 mg per day of hydrocodone or less than 30 mg per day of oxycodone
	Buprenorphine or drug containing buprenorphine	No fewer than two times annually
Virginia	Opioid for new treatment anticipated at onset to last more than 7 consecutive days	
West Virginia	Pain-relieving controlled substance for chronic, nonmalignant pain	At least annually for ongoing treatment with substance
	Controlled substance at a pain management clinic	At each patient examination or at least every 90 days
	Medication-assisted treatment medication at a medication-assisted treatment program	At each patient's physical examination and at least quarterly

\* See state specific statutes, rules, and regulations for details of highlighted mandated use provisions, additional use requirements, and applicable exceptions.

**MANDATED USE OF THE PMP - HIGHLIGHTS OF KEY STATE REQUIREMENTS\***  
**EACH PRESCRIBING OF A DESIGNATED SUBSTANCE**

<b>STATE</b>	<b>DESIGNATED SUBSTANCE</b>
Alaska	Schedule II or III under federal law
Arkansas	Schedule II and III opioid
	Opioid if practitioner found to be in violation of prescription drug law or rule until requirement removed by licensing board
Massachusetts	Schedule II or III determined by Dept. of Public Health to be commonly misused or abused
	Hydrocodone extended release medication not in abuse deterrent form
New York	Schedule II, III or IV (report obtained no earlier than 24 hours prior to prescribing)
Oklahoma	Methadone
Pennsylvania	Opioid or benzodiazepine
South Carolina	Schedule II
Texas	Opioids, benzodiazepines, barbiturates or carisoprodol (eff. 9/1/19)
Wisconsin	Monitored drug - Schedule II-V controlled substance and drug having substantial abuse potential (eff. 4/1/17 and until 3 years after eff. date)

\* See state specific statutes, rules, and regulations for details of highlighted mandated use provisions, additional use requirements, and applicable exceptions.

**MANDATED USE OF THE PMP - HIGHLIGHTS OF KEY STATE REQUIREMENTS\***

**PRESCRIBING FOR THE TREATMENT OF PAIN**

<b>STATE</b>	<b>INITIAL CHECK</b>	<b>SUBSEQUENT CHECK</b>
Arkansas	At least every six months for treatment of chronic, nonmalignant pain	At least every six months for treatment of chronic, nonmalignant pain
Georgia	Physician owning or practicing at pain management clinic regularly checks the PMP for new and existing patients	Physician owning or practicing at pain management clinic regularly checks the PMP for new and existing patients
Kentucky	Initial prescribing of controlled substance for pain or other symptoms associated with primary medical complaint (physicians)	At least every 3 months if treatment with substance to patient 16 years or older continues beyond 3 months (physicians)
Louisiana	Medical director and pain specialist at pain management clinic check PMP to ensure patient's adherence to treatment agreement	Medical director and pain specialist at pain management clinic check PMP to ensure patient's adherence to treatment agreement
Mississippi	Physician and physician assistant practicing in a registered pain practice check PMP at initial patient visit	At intervals deemed good patient care for patient receiving controlled substance
New Hampshire	Initial prescribing of an opioid for management or treatment of pain	At least twice per year
New Jersey	Initial prescribing of a Schedule II to new patient for acute or chronic pain	Every 90 days for ongoing treatment of acute or chronic pain to new or existing patient with Schedule II
New Mexico	Prescribing more than a 10 day supply of a Schedule II, III or IV non-opioid to new patient for pain	

\* See state specific statutes, rules, and regulations for details of highlighted mandated use provisions, additional use requirements, and applicable exceptions. The prescribing for the treatment of pain table includes only those provisions that explicitly reference the treatment of pain. Provisions in the initial prescribing of a designated substance table may also apply to the treatment of pain.

**MANDATED USE OF THE PMP - HIGHLIGHTS OF KEY STATE REQUIREMENTS\***

**PRESCRIBING FOR THE TREATMENT OF PAIN**

<b>STATE</b>	<b>INITIAL CHECK</b>	<b>SUBSEQUENT CHECK</b>
Rhode Island	Prior to starting any opioid	At least every 3 months for continuous opioid therapy for pain for 3 months or longer
Tennessee	In accordance with quality assurance policies and procedures established by medical director of pain management clinic	In accordance with quality assurance policies and procedures established by medical director of pain management clinic
Vermont	Initial prescribing of opioid for chronic pain	At least annually for ongoing treatment with opioid
	Starting Schedule II, III or IV for nonpalliative long-term pain therapy of 90 days or longer	At least annually for ongoing treatment with opioid
West Virginia	Initial prescribing of pain-relieving controlled substance for chronic, nonmalignant pain	At least annually for treatment with substance
	Prior to prescribing a controlled substance at a pain management clinic	At each patient examination or at least every 90 days

\* See state specific statutes, rules, and regulations for details of highlighted mandated use provisions, additional use requirements, and applicable exceptions. The prescribing for the treatment of pain table includes only those provisions that explicitly reference the treatment of pain. Provisions in the initial prescribing of a designated substance table may also apply to the treatment of pain.



**MANDATED USE OF THE PMP - HIGHLIGHTS OF KEY STATE REQUIREMENTS\***

**PRESCRIBING FOR THE TREATMENT OF DRUG ADDICTION**

<b>STATE</b>	<b>INITIAL CHECK</b>	<b>SUBSEQUENT CHECK</b>
Colorado	As clinically appropriate upon intake at an opioid medication assisted treatment program	
Indiana	Initial prescribing of ephedrine, pseudoephedrine or controlled substance in opioid treatment program	Periodically during course of treatment in opioid treatment program
	Prior to initial medication administration for patient in opioid treatment program	As frequently as clinically indicated
Kentucky	Physician at behavioral health services organization providing non-methadone-based treatment checks PMP to document patient compliance with prescribed dosing	Physician at behavioral health services organization providing non-methadone-based treatment checks PMP to document patient compliance with prescribed dosing
Mississippi	Prior to patient admission at opioid treatment program	Annually from date of admission
Minnesota	Prior to patient at a methadone clinic outpatient program being ordered a controlled substance	At least every 90 days; monthly when PMP report shows recent history of multiple prescribers or multiple prescriptions for controlled substance
New York	Patient admitted to opioid medical maintenance must demonstrate verified stability in PMP	
North Carolina	Upon admission of patient to opioid treatment program	At least annually
North Dakota	At least monthly for patient in opioid treatment program	At least monthly for patient in opioid treatment program
Oklahoma	Prescribing methadone	Prescribing methadone
Rhode Island	Admission of patient to opioid treatment program	Prior to advancement to new take-home phase

\* See state specific statutes, rules, and regulations for details of highlighted mandated use provisions, additional use requirements, and applicable exceptions.

## MANDATED USE OF THE PMP - HIGHLIGHTS OF KEY STATE REQUIREMENTS\*

### PRESCRIBING FOR THE TREATMENT OF DRUG ADDICTION

STATE	INITIAL CHECK	SUBSEQUENT CHECK
Tennessee	At initial screening and admission of patient to opioid treatment program	(1) Before initial administration of methadone or other treatment; (2) after positive drug test for prescription medication; (3) prior to requesting take-home or dosing exception; and (4) at least every six months
Vermont	Initial prescribing of buprenorphine or drug containing buprenorphine	No fewer than two times annually
	Use of PMP to prevent multiple enrollments in opioid treatment program and as required by Vermont laws and rules	As required by Vermont laws and rules
Washington	At admission for patient in an opiate substitution treatment program	Annually after admission and subsequent to any incidents of concern
West Virginia	Prior to prescribing a medication-assisted treatment drug at a medication-assisted treatment program	At each patient's physical examination and at least quarterly
	Treating physician checks at patient's intake to opioid treatment program	(1) Before administration of methadone or other treatment; (2) after initial 30 days of treatment; (3) prior to any take-home medication being granted; (4) after any positive drug test; and (5) at each 90 day treatment review

\* See state specific statutes, rules, and regulations for details of highlighted mandated use provisions, additional use requirements, and applicable exceptions.

## MANDATED USE OF THE PMP - HIGHLIGHTS OF KEY STATE REQUIREMENTS\*

### PRESCRIBING IN WORKER'S COMPENSATION CASES

STATE	INITIAL CHECK	SUBSEQUENT CHECK
Arizona	Within 2 days of writing initial minimum 30-day supply of opioid	Carrier, self-insured or commission may request additional PMP check maximum of once every 2 months
Colorado	When drug tests ordered prior to initial long-term opioid prescription	When drug tests ordered, at least annually
Washington	Before prescribing an opioid for noncancer pain in subacute phase	At intervals according to worker's risk category during chronic opioid therapy

\* See state specific statutes, rules, and regulations for details of highlighted mandated use provisions, additional use requirements, and applicable exceptions.

## MANDATED USE OF THE PMP - HIGHLIGHTS OF KEY STATE REQUIREMENTS\*

### PRESCRIBING WHEN REASON TO BELIEVE SUBSTANCE SOUGHT FOR ILLEGAL OR NON-MEDICAL PURPOSES

STATE	DESIGNATED SUBSTANCE	CIRCUMSTANCES FOR CHECK
Delaware	Schedule II, III, IV or V	Reasonable belief patient seeking substance for non-medical purposes
Kentucky	Controlled substance for pain or other symptoms associated with primary medical complaint	If physician obtains or receives specific information that patient (1) is not taking substance as directed; (2) is diverting substance or (3) is engaged in any improper or illegal use of substance
North Dakota	Controlled substance	When client of advanced practice registered nurse requests early refills or engages in a pattern of taking more than prescribed dosage; upon suspicion or known drug overuse, diversion or abuse by client
Ohio	Reported drug	Red flag circumstances indicating abuse or diversion of substance (see Ohio laws and rules)
Pennsylvania	Controlled substance	Reason to believe patient may be abusing or diverting substance
Tennessee	Schedule II-V controlled substance identified as demonstrating abuse potential	If aware or reasonably certain person attempting to obtain substance for illegal or non-medical purposes

\* See state specific statutes, rules, and regulations for details of highlighted mandated use provisions, additional use requirements, and applicable exceptions.