Reporting Requirements and Exemptions to Reporting

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Clicking on one of the highlighted states below will take you to that state's statutes and/or regulations.

Introduction

The following statutes and regulations set out the persons and entities in each state that are required to submit dispensing information to the prescription monitoring program and any exemptions to the reporting requirements.

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Alabama
§ 20-2-213 (eff. until August 31, 2016)
§ 20-2-213 (eff. September 1, 2016)
ADC 420-7-2-.12

Code of Alabama (2016)
Title 20. Food, Drugs, and Cosmetics.
Chapter 2. Controlled Substances.
Article 10. . Controlled Substances Prescription Database.

§ 20-2-213. Reporting requirements.

<Text of Section Effective Until August 31, 2016>

(a) Each of the entities designated in subsection (b) shall report to the department, or to an entity designated by the department, controlled substances prescription information as designated by regulation pertaining to all Class II, Class III, Class IV, and Class V controlled substances in such manner as may be prescribed by the department by regulation.

(b) The following entities or practitioners are subject to the reporting requirements of subsection (a):

(1) Licensed pharmacies, not including pharmacies of general and specialized hospitals, nursing homes, and any other healthcare facilities which provide inpatient care, so long as the controlled substance is administered and used by a patient on the premises of the facility.

(2) Mail order pharmacies or pharmacy benefit programs filling prescriptions for or dispensing controlled substances to residents of this state.

(3) Licensed physicians, dentists, podiatrists, optometrists, or veterinarians who dispense Class II, Class III, Class IV, and Class V controlled substances directly to patients, or in the case of veterinarians, for administration to animals, but excluding sample medications. For the purposes of this article, sample medications are defined as those drugs labeled as a sample, not for resale under the laws and regulations of the Federal Food and Drug Administration. Controlled substances administered to patients by injection, topical application, suppository administration, or oral administration during the course of treatment are excluded from the reporting requirement.

(c) The manner of reporting controlled substance prescription information shall be in such manner and format as designated in the regulations of the department.

(d) The following data elements shall be used in transmitting controlled substance prescription information:

(1) Name or other identifying designation of the prescribing practitioner.

(2) Date prescription was filled or medications dispensed.

(3) Name of person and full address for whom the prescription was written or to whom the medications were dispensed.

(4) National Drug Code (NDC) of controlled substance dispensed.

(5) Quantity of controlled substance dispensed.

(6) Name or other identifying designation of dispensing pharmacy or practitioner.

(7) Other data elements consistent with standards established by the American Society for Automation in Pharmacy as may be designated by regulations adopted by the department.

(8) Method of payment and third-party payor identification of the controlled substance dispensed.

(e) In addition to any other applicable law or regulation, the failure of a licensed pharmacy or pharmacist or a licensed practitioner to comply with the requirements of this section shall constitute grounds for disciplinary action against the license of the pharmacy, pharmacist, or licensed practitioner by the appropriate licensing board or commission, and the imposition of such penalties as the licensing board or commission may prescribe. The department shall report to the appropriate licensing board, agency, or commission the failure of a licensed pharmacist or a licensed practitioner to comply with the reporting requirements of this section. Any report made by the department to a licensing board, agency, or commission shall be deemed a formal complaint and shall be investigated and appropriate action taken thereon.

Code of Alabama (2016)
Title 20. Food, Drugs, and Cosmetics.
Chapter 2. Controlled Substances.
Article 10. Controlled Substances Prescription Database.

§ 20-2-213. Reporting requirements.

<Text of Section Effective September 1, 2016>

(a) Each of the entities designated in subsection (b) shall report to the department, or to an entity designated by the department, controlled substances prescription information as designated by regulation pertaining to all Class II, Class III, Class IV, and Class V

controlled substances in such manner as may be prescribed by the department by regulation.

(b) The following entities or practitioners are subject to the reporting requirements of subsection (a):

(1) Licensed pharmacies, not including pharmacies of general and specialized hospitals, nursing homes, and any other healthcare facilities which provide inpatient care, so long as the controlled substance is administered and used by a patient on the premises of the facility.

(2) Mail order pharmacies or pharmacy benefit programs filling prescriptions for or dispensing controlled substances to residents of this state.

(3) Licensed physicians, dentists, podiatrists, or optometrists who dispense Class II, Class III, Class IV, and Class V controlled substances directly to patients, but excluding sample medications. For the purposes of this article, sample medications are defined as those drugs labeled as a sample, not for resale under the laws and regulations of the Federal Food and Drug Administration. Controlled substances administered to patients by injection, topical application, suppository administration, or oral administration during the course of treatment are excluded from the reporting requirement.

(c) The manner of reporting controlled substance prescription information shall be in such manner and format as designated in the regulations of the department.

(d) The following data elements shall be used in transmitting controlled substance prescription information:

(1) Name or other identifying designation of the prescribing practitioner.

(2) Date prescription was filled or medications dispensed.

(3) Name of person and full address for whom the prescription was written or to whom the medications were dispensed.

(4) National Drug Code (NDC) of controlled substance dispensed.

(5) Quantity of controlled substance dispensed.

(6) Name or other identifying designation of dispensing pharmacy or practitioner.

(7) Other data elements consistent with standards established by the American Society for Automation in Pharmacy as may be designated by regulations adopted by the department.
(8) Method of payment and third-party payor identification of the controlled substance dispensed.

(e) In addition to any other applicable law or regulation, the failure of a licensed pharmacy or pharmacist or a licensed practitioner to comply with the requirements of this section shall constitute grounds for disciplinary action against the license of the pharmacy, pharmacist, or licensed practitioner by the appropriate licensing board or commission, and the imposition of such penalties as the licensing board or commission may prescribe. The department shall report to the appropriate licensing board, agency, or commission the failure of a licensed pharmacist or a licensed practitioner to comply with the reporting requirements of this section. Any report made by the department to a licensing board, agency, or commission shall be deemed a formal complaint and shall be investigated and appropriate action taken thereon.

Alabama Administrative Code (2016)
Alabama State Board of Health Department of Public Health
Chapter 420-7-2. Controlled Substances

420-7-2-.12. Prescription Drug Monitoring Program Reporting To Database By Dispensers.

(1) Entities and practitioners that dispense controlled substances, Class II-V, shall report controlled substances prescription information to the Prescription Drug Monitoring Program database. These entities and practitioners include but are not limited to:

(a) Licensed pharmacies;

(b) Mail order pharmacies or pharmacy benefit programs filling prescriptions for or dispensing controlled substances to residents of Alabama; and

(c) Licensed physicians, dentists, podiatrists, optometrists, and veterinarians who dispense controlled substances.

(2) The reporting requirement in this rule does not apply to a controlled substance dispensed:

(a) By a pharmacy of a hospital, nursing home, or other inpatient health care facility if administered and used by a patient on the facility's premises;

(b) By a practitioner if administered during the course of a patient's treatment by injection, topical application, suppository administration, or oral administration; or

(c) By a practitioner as an appropriately labeled sample medication.

(3) Entities and practitioners shall submit reports as follows:

(a) Entities and nonveterinary practitioners shall submit reports at least once daily by 11:59 p.m.

1. If an entity or practitioner does not dispense a controlled substance on a specific day, the entity or practitioner shall report that zero controlled substances were dispensed.

2. The daily reporting requirement does not apply on days that the entity or practitioner's business is closed and no controlled substances are dispensed.

(b) Veterinary practitioners shall submit reports at least once monthly by 11:59 p.m. on the last business day of the month. If a veterinary practitioner does not dispense a controlled substance in a specific month, the veterinary practitioner shall report that zero controlled substances were dispensed.

(c) Reports must be in electronic format according to American Society for Automation in Pharmacy Standards using the U.S. Postal Service's Postal Addressing Standards.

1. If electronic transmission is not feasible, an entity or practitioner may request a waiver.

2. An entity or practitioner who receives a waiver may submit prescription information in an alternate format approved by the Prescription Drug Monitoring Program.

3. Entities and practitioners shall submit waiver requests and reports formatted pursuant to a valid waiver to:

Alabama Department of Public Health
Prescription Drug Monitoring Program
The RSA Tower, Suite 1010
P.O. Box 303017
Montgomery, AL 36130-3017
Fax: (334) 206-5663

4. Penalties for noncompliance/non-reporting:

(a) On a monthly basis or as designated by the Prescription Drug Monitoring Program, licensing boards shall supply an electronic listing to the Prescription Drug Monitoring Program of entities and practitioners required to report controlled substances.

(b) The Prescription Drug Monitoring Program will monitor the list of entities and practitioners provided by the licensing boards for compliance in reporting to the database.

(c) The Department will notify the appropriate licensing board of an entity or practitioner's failure to report. Upon notification of a non-reporting entity or practitioner, the relevant licensing board shall investigate and report to the Department the outcome.

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Alaska
§ 17.30.200 (eff. until July 16, 2017)
§ 17.30.200 (eff. July 17, 2017)
§ 11.71.900

West's Alaska Statutes Annotated (2016)
Title 17. Food and Drugs
Chapter 30. Controlled Substances
Article 5. Controlled Substance Prescription Database

§ 17.30.200. Controlled substance prescription database

<Text of Section Effective until July 16, 2017>

(a) The controlled substance prescription database is established in the Board of Pharmacy. The purpose of the database is to contain data as described in this section regarding every prescription for a schedule IA, IIA, IIIA, IVA, or VA controlled substance under state law or a schedule I, II, III, IV, or V controlled substance under federal law dispensed in the state to a person other than those administered to a patient at a health care facility. The Department of Commerce, Community, and Economic Development shall assist the board and provide necessary staff and equipment to implement this section.

(b) The pharmacist-in-charge of each licensed or registered pharmacy, regarding each schedule IA, IIA, IIIA, IVA, or VA controlled substance under state law or a schedule I, II, III, IV, or V controlled substance under federal law dispensed by a pharmacist under the supervision of the pharmacist-in-charge, and each practitioner who directly dispenses a schedule IA, IIA, IIIA, IVA, or VA controlled substance under state law or a schedule I, II, III, IV, or V controlled substance under federal law other than those administered to a patient at a health care facility, shall submit to the board, by a procedure and in a format established by the board, the following information for inclusion in the database:

(1) the name of the prescribing practitioner and the practitioner's federal Drug Enforcement Administration registration number or other appropriate identifier;

(2) the date of the prescription;

(3) the date the prescription was filled and the method of payment; this paragraph does not authorize the board to include individual credit card or other account numbers in the database;

(4) the name, address, and date of birth of the person for whom the prescription was written;

(5) the name and national drug code of the controlled substance;

(6) the quantity and strength of the controlled substance dispensed;

(7) the name of the drug outlet dispensing the controlled substance; and

(8) the name of the pharmacist or practitioner dispensing the controlled substance and other appropriate identifying information.

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West's Alaska Statutes Annotated (2016)
Title 17. Food and Drugs
Chapter 30. Controlled Substances
Article 5. Controlled Substance Prescription Database

§ 17.30.200. Controlled substance prescription database

<Text of Section Effective July 17, 2017>

(a) The controlled substance prescription database is established in the Board of Pharmacy. The purpose of the database is to contain data as described in this section regarding every prescription for a schedule II, III, or IV controlled substance under federal law dispensed in the state to a person other than those administered to a patient at a health care facility.

(b) The pharmacist-in-charge of each licensed or registered pharmacy, regarding each schedule II, III, or IV controlled substance under federal law dispensed by a pharmacist under the supervision of the pharmacist-in-charge, and each practitioner who directly dispenses a schedule II, III, or IV controlled substance under federal law other than those administered to a patient at a health care facility, shall submit to the board, by a procedure and in a format established by the board, the following information for inclusion in the database on at least a weekly basis:

(1) the name of the prescribing practitioner and the practitioner's federal Drug Enforcement Administration registration number or other appropriate identifier;

(2) the date of the prescription;

(3) the date the prescription was filled and the method of payment; this paragraph does not authorize the board to include individual credit card or other account numbers in the database;

(4) the name, address, and date of birth of the person for whom the prescription was written;

(5) the name and national drug code of the controlled substance;

(6) the quantity and strength of the controlled substance dispensed;

(7) the name of the drug outlet dispensing the controlled substance; and

(8) the name of the pharmacist or practitioner dispensing the controlled substance and other appropriate identifying information.

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West's Alaska Statutes Annotated (2016)
Title 11. Criminal Law
Chapter 71. Controlled Substances
Article 4. Definitions

§ 11.71.900. Definitions

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(19) "practitioner" means

(A) a physician, dentist, veterinarian, scientific investigator, or other person licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or to administer or use in teaching or chemical analysis a controlled substance in the course of professional practice or research in the state;

(B) a pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or to administer a controlled substance in the course of professional practice or research in the state;

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Arizona
§ 36-2608
§ 32-1901

Arizona Revised Statutes Annotated (2016)
Title 36. Public Health and Safety
Chapter 28. Controlled Substances Prescription Monitoring Program
Article 1. General Provisions

§ 36-2608. Reporting requirements

A. If a medical practitioner dispenses a controlled substance listed in § 36-2513, 36-2514 or 36-2515, or if a prescription for a controlled substance listed in any of those sections is dispensed by a pharmacy in this state, a health care facility in this state for outpatient use or a board-permitted nonresident pharmacy for delivery to a person residing in this state, the medical practitioner, health care facility or pharmacy must report the following information as applicable and as prescribed by the board by rule:

1. The name, address, telephone number, prescription number and drug enforcement administration controlled substance registration number of the dispenser.

2. The name, address and date of birth of the person or, if for an animal, the owner of the animal for whom the prescription is written.

3. The name, address, telephone number and drug enforcement administration controlled substance registration number of the prescribing medical practitioner.

4. The name, strength, quantity, dosage and national drug code number of the schedule II, III or IV controlled substance dispensed.

5. The date the prescription was dispensed.

6. The number of refills, if any, authorized by the medical practitioner.

B. Except as provided in subsection D of this section, a dispenser must use the September 28, 2011 Version 4, Release 2 standard implementation guide for prescription monitoring programs published by the American society for automation in pharmacy or any subsequent version or release of that guide to report the required information.

C. The board shall allow the reporter to transmit the required information by electronic data transfer if feasible or, if not feasible, on reporting forms as prescribed by the board. The board shall not require the reporter to submit the required information more frequently than once each day.

D. A dispenser who does not have an automated record keeping system capable of producing an electronic report in the established format may request a waiver from electronic reporting by submitting a written request to the board. The board shall grant the request if the dispenser agrees in writing to report the data by submitting a completed universal claim form as prescribed by the board by rule.

E. The board by rule may prescribe the prescription form to be used in prescribing a schedule II, III or IV controlled substance if the board determines that this would facilitate the reporting requirements of this section.

F. The reporting requirements of this section do not apply to the following:

1. A controlled substance administered directly to a patient.

2. A controlled substance dispensed by a medical practitioner at a health care facility licensed by this state if the quantity dispensed is limited to an amount adequate to treat the patient for a maximum of seventy-two hours with not more than two seventy-two hour cycles within any fifteen day period.

3. A controlled substance sample.

4. The wholesale distribution of a schedule II, III or IV controlled substance. For the purposes of this paragraph, "wholesale distribution" has the same meaning prescribed in § 32-1981.

5. A facility that is registered by the drug enforcement administration as a narcotic treatment program and that is subject to the record keeping provisions of 21 Code of Federal Regulations § 1304.24.

Arizona Revised Statutes Annotated (2016)
Title 32. Professions and Occupations
Chapter 18. Pharmacy
Article 1. Board of Pharmacy

§ 32-1901. Definitions

In this chapter, unless the context otherwise requires:

. . .

48. "Medical practitioner" means any medical doctor, doctor of osteopathy, dentist, podiatrist, veterinarian or other person licensed and authorized by law to use and prescribe drugs and devices for the treatment of sick and injured human beings or animals

or for the diagnosis or prevention of sickness in human beings or animals in this state or any state, territory or district of the United States.

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Arkansas
§ 20-7-604
§ 20-7-603
ADC 007.07.4-IV
ADC 007.07.4-III

West's Arkansas Code Annotated (2016)
Title 20. Public Health and Welfare
Subtitle 2. Health and Safety
Chapter 7. State Board of Health--Department of Health
Subchapter 6. Prescription Drug Monitoring Program Act

§ 20-7-604. Requirements for the Prescription Drug Monitoring Program

(a) The State Board of Health shall create the Prescription Drug Monitoring Program upon the Department of Health's procuring adequate funding to establish the program.

(b)(1) Each dispenser shall submit to the department information regarding each controlled substance dispensed.

(2) A dispenser located outside Arkansas and licensed and registered by the Arkansas State Board of Pharmacy shall submit to the department information regarding each controlled substance prescription dispensed to an ultimate user whose address is within Arkansas.

(3) The State Board of Health shall create a controlled substances database for the Prescription Drug Monitoring Program.

(c) Each dispenser required to report under subsection (b) of this section shall submit to the department by electronic means information that shall include without limitation:

(1) The dispenser's identification number;

(2) The date the prescription was filled;

(3) The prescription number;

(4) Whether the prescription is new or is a refill;

(5) The National Drug Code for the controlled substance that is dispensed;

(6) The quantity of the controlled substance dispensed;

(7) The number of days' supply dispensed;

(8) The number of refills ordered;

(9)(A) A patient identifier.

(B) A patient identifier shall not be a Social Security number or a driver's license number;

(10) The patient's name;

(11) The patient's address;

(12) The patient's date of birth;

(13) The patient's gender;

(14) The prescriber's identification number;

(15) The date the prescription was issued by the prescriber; and

(16) The source of the payment for the prescription.

(d) Practitioners are encouraged to access or check the information in the controlled substance database created under this subchapter before prescribing, dispensing, or administering medications.

(e) This subchapter does not prohibit licensing boards from requiring practitioners to access or check the information in the controlled substance database as a part of a review of the practitioner's professional practice.

(f) Each dispenser shall submit the required information in accordance with transmission methods and frequency established by the department.

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West's Arkansas Code Annotated (2016)
Title 20. Public Health and Welfare
Subtitle 2. Health and Safety
Chapter 7. State Board of Health--Department of Health
Subchapter 6. Prescription Drug Monitoring Program Act

§ 20-7-603. Definitions

As used in this subchapter:

. . .

(4)(A) "Dispenser" means a practitioner who dispenses.

(B) "Dispenser" does not include:

(i) A licensed hospital pharmacy when it is distributing controlled substances for the purpose of outpatient services, inpatient hospital care, or at the time of discharge from a hospital, except for a pharmacy owned by a hospital that has a retail pharmacy permit when the pharmacy is distributing controlled substances directly to the public;

(ii) A wholesale distributor of Schedules II-V controlled substances; or

(iii) A practitioner or other authorized person who administers a controlled substance;

. . .

(9) "Practitioner" means:

(A) A physician, dentist, veterinarian, advanced practice nurse, physician assistant, pharmacist, scientific investigator, or other person licensed, registered, or otherwise permitted to prescribe, distribute, dispense, conduct research with respect to, or to administer a controlled substance in the course of professional practice or research in this state; and

(B) A pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or to administer a controlled substance in the course of professional practice or research in this state;

. . .

West's Arkansas Administrative Code (2016)
Title 007. Department of Health
Division 07. Pharmacy Services
Rule 4. Regulations Pertaining to Prescription Drug Monitoring Program

007.07.4-IV. Requirements for the Prescription Drug Monitoring Program

(a) The State Board of Health shall create the Prescription Drug Monitoring Program upon the Department of Health's procuring adequate funding to establish the program.

(b)(1) Each dispenser shall submit to the department information regarding each Schedule II, III, IV, or V controlled substance dispensed.

(2) A dispenser located outside Arkansas and licensed and registered by the Arkansas State Board of Pharmacy shall submit to the department information regarding each Schedule

II, III, IV, or V controlled substance prescription dispensed to an ultimate user whose address is within Arkansas.

(3) The board shall create a controlled substances database for the Prescription Drug Monitoring Program.

(c) Each dispenser required to report under subsection (b) of this section shall submit to the department by electronic means information that shall include without limitation the following:

(1) The dispenser's identification number;

(2) The date the prescription was filled;

(3) The prescription number;

(4) Whether the prescription is new or is a refill;

(5) The National Drug Code number for the controlled substance that is dispensed;

(6) The quantity of the controlled substance dispensed;

(7) The number of days' supply dispensed;

(8) The number of refills ordered;

(9)(A) A patient identifier.

(B) A patient identifier shall not be a social security number or a driver's license number;

(10) The patient's name;

(11) The patient's address;

(12) The patient's date of birth;

(13) The patient's gender;

(14) The prescriber's identification number;

(15) The date the prescription was issued by the prescriber; and

(16) The source of the payment for the prescription.

. . .

(f)(1) Each dispenser shall submit the required information in accordance with the Standard for Prescription Monitoring Programs of the American Society for Automation in Pharmacy (ASAP) Version 4 Release 2 September 2011, incorporated by reference.

(2) Data shall be submitted via CD-ROM, a secure File Transfer Protocol (FTP), Virtual Private Network (VPN), https: or other methods approved by the Prescription Drug Monitoring Program.

(3) A dispenser shall report the controlled substance dispensing information records required under Arkansas Code Annotated §§ 20-7-601 to -614 and these regulations weekly for the previous week, Sunday through Saturday. If controlled substances were not dispensed for the reporting period, the dispenser shall submit a Zero Report in accordance with ASAP Version 4 Release 2 September 2011.

(4) The department or the department's contractor shall notify a dispenser of an error in data reporting. Upon receiving notification of an error in data reporting, the dispenser shall take appropriate measures to correct the error and transmit the corrected data to the department or the department's contractor within 14 days of being notified of the error.

(g) The department's process for patients to address errors, inconsistencies, and other matters in their record as maintained under this section, including in cases of breach of privacy and security shall comply with Sections 261 through 264 of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191 (the Administrative Simplification provisions) and regulations 45 CFR Parts 160 and 164 ("the HIPAA Security and Privacy Rule") and the HITECH (Health Information Technology for Economic and Clinical Health) Act as enacted by the American Recovery and Reinvestment Act (ARRA) of 2009 (Pub. L. 111-5), pursuant to Title XIII of Division A and Title IV of Division B.

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West's Arkansas Administrative Code (2016)
Title 007. Department of Health
Division 07. Pharmacy Services
Rule 4. Regulations Pertaining to Prescription Drug Monitoring Program

007.07.4-III. Definitions

As used in this section:
. . .

(3)(A) "Dispenser" means a practitioner who dispenses.

(B) "Dispenser" does not include:

(i) A licensed hospital pharmacy when it is distributing controlled substances for the purpose of outpatient services, inpatient hospital care, or at the time of discharge from a hospital, except for a pharmacy owned by a hospital that has a retail pharmacy permit when the pharmacy is distributing controlled substances directly to the public;

(ii) A wholesale distributor of Schedule II-Schedule V controlled substances; or

(iii) A practitioner or other authorized person who administers a controlled substance;

. . .

(7) "Practitioner" means:

(A) A physician, dentist, veterinarian, advanced practice nurse, physician assistant, pharmacist, scientific investigator, or other person licensed, registered, or otherwise permitted to prescribe, distribute, dispense, conduct research with respect to, or to administer a controlled substance in the course of professional practice or research in this state; and

(B) A pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or to administer a controlled substance in the course of professional practice or research in this state;

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California

Health and Safety Code § 11165
Health and Safety Code § 11190
Health and Safety Code § 11026
Health and Safety Code § 11164.1

West's Annotated California Codes (2016)
Health and Safety Code
Division 10. Uniform Controlled Substances Act
Chapter 4. Prescriptions
Article 1. Requirements of Prescriptions

§ 11165. Controlled Substance Utilization Review and Evaluation System (CURES); electronic monitoring of Schedule II, Schedule III, and Schedule IV controlled substances; funding; confidentiality; reporting requirements for dispensers; stakeholder assistance in establishing rules and regulations and identifying CURES upgrades; education on access and use of CURES PDMP

. . .

(d) For each prescription for a Schedule II, Schedule III, or Schedule IV controlled substance, as defined in the controlled substances schedules in federal law and regulations, specifically Sections 1308.12, 1308.13, and 1308.14, respectively, of Title 21 of the Code of Federal Regulations, the dispensing pharmacy, clinic, or other dispenser shall report the following information to the Department of Justice as soon as reasonably possible, but not more than seven days after the date a controlled substance is dispensed, in a format specified by the Department of Justice:

(1) Full name, address, and, if available, telephone number of the ultimate user or research subject, or contact information as determined by the Secretary of the United States Department of Health and Human Services, and the gender, and date of birth of the ultimate user.

(2) The prescriber's category of licensure, license number, national provider identifier (NPI) number, if applicable, the federal controlled substance registration number, and the state medical license number of any prescriber using the federal controlled substance registration number of a government-exempt facility.

(3) Pharmacy prescription number, license number, NPI number, and federal controlled substance registration number.

(4) National Drug Code (NDC) number of the controlled substance dispensed.

(5) Quantity of the controlled substance dispensed.

(6) International Statistical Classification of Diseases, 9th revision (ICD-9) or 10th revision (ICD-10) Code, if available.

(7) Number of refills ordered.

(8) Whether the drug was dispensed as a refill of a prescription or as a first-time request.

(9) Date of origin of the prescription.

(10) Date of dispensing of the prescription.

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West's Annotated California Codes (2016)
Health and Safety Code
Division 10. Uniform Controlled Substances Act
Chapter 4. Prescriptions
Article 2. Prescriber's Record

§ 11190. Duty to keep record of Schedule II controlled substances; transaction documentation; records of prescriptions for Schedule II, Schedule III, and Schedule IV controlled substances

(a) Every practitioner, other than a pharmacist, who prescribes or administers a controlled substance classified in Schedule II shall make a record that, as to the transaction, shows all of the following:

(1) The name and address of the patient.

(2) The date.

(3) The character, including the name and strength, and quantity of controlled substances involved.

(b) The prescriber's record shall show the pathology and purpose for which the controlled substance was administered or prescribed.

(c)(1) For each prescription for a Schedule II, Schedule III, or Schedule IV controlled substance that is dispensed by a prescriber pursuant to Section 4170 of the Business and Professions Code, the prescriber shall record and maintain the following information:

(A) Full name, address, and the telephone number of the ultimate user or research subject, or contact information as determined by the Secretary of the United States Department of Health and Human Services, and the gender, and date of birth of the patient.

(B) The prescriber's category of licensure and license number; federal controlled substance registration number; and the state medical license number of any prescriber using the federal controlled substance registration number of a government-exempt facility.

(C) NDC (National Drug Code) number of the controlled substance dispensed.

(D) Quantity of the controlled substance dispensed.

(E) ICD-9 (diagnosis code), if available.

(F) Number of refills ordered.

(G) Whether the drug was dispensed as a refill of a prescription or as a first-time request.

(H) Date of origin of the prescription.

(2)(A) Each prescriber that dispenses controlled substances shall provide the Department of Justice the information required by this subdivision on a weekly basis in a format set by the Department of Justice pursuant to regulation.

(B) The reporting requirement in this section shall not apply to the direct administration of a controlled substance to the body of an ultimate user.

(d) This section shall become operative on January 1, 2005.

(e) The reporting requirement in this section for Schedule IV controlled substances shall not apply to any of the following:

(1) The dispensing of a controlled substance in a quantity limited to an amount adequate to treat the ultimate user involved for 48 hours or less.

(2) The administration or dispensing of a controlled substance in accordance with any other exclusion identified by the United States Health and Human Service Secretary for the National All Schedules Prescription Electronic Reporting Act of 2005.

(f) Notwithstanding paragraph (2) of subdivision (c), the reporting requirement of the information required by this section for a Schedule II or Schedule III controlled substance, in a format set by the Department of Justice pursuant to regulation, shall be on a monthly basis for all of the following:

(1) The dispensing of a controlled substance in a quantity limited to an amount adequate to treat the ultimate user involved for 48 hours or less.

(2) The administration or dispensing of a controlled substance in accordance with any other exclusion identified by the United States Health and Human Service Secretary for the National All Schedules Prescription Electronic Reporting Act of 2005.

West's Annotated California Codes (2016)
Health and Safety Code
Division 10. Uniform Controlled Substances Act
Chapter 1. General Provisions and Definitions

§ 11026. Practitioner

"Practitioner" means any of the following:

(a) A physician, dentist, veterinarian, podiatrist, or pharmacist acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107, a registered nurse acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107, a certified nurse-midwife acting within the scope of Section 2746.51 of the Business and Professions Code, a nurse practitioner acting within the scope of Section 2836.1 of the Business and Professions Code, or a physician assistant acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107 or Section 3502.1 of the Business and Professions Code, or an optometrist acting within the scope of Section 3041 of the Business and Professions Code.

(b) A pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or to administer, a controlled substance in the course of professional practice or research in this state.

(c) A scientific investigator, or other person licensed, registered, or otherwise permitted, to distribute, dispense, conduct research with respect to, or administer, a controlled substance in the course of professional practice or research in this state.

West's Annotated California Codes (2016)
Health and Safety Code
Division 10. Uniform Controlled Substances Act
Chapter 4. Prescriptions
Article 1. Requirements of Prescriptions

§ 11164.1. Prescribers in another state for delivery in another state; prescription requirements

(a)(1) Notwithstanding any other provision of law, a prescription for a controlled substance issued by a prescriber in another state for delivery to a patient in another state may be dispensed by a California pharmacy, if the prescription conforms with the requirements for controlled substance prescriptions in the state in which the controlled substance was prescribed.

(2) All prescriptions for Schedule II, Schedule III, and Schedule IV controlled substances dispensed pursuant to this subdivision shall be reported by the dispensing pharmacy to the Department of Justice in the manner prescribed by subdivision (d) of Section 11165.

(b) Pharmacies may dispense prescriptions for Schedule III, Schedule IV, and Schedule V controlled substances from out-of-state prescribers pursuant to Section 4005 of the Business and Professions Code and Section 1717 of Title 16 of the California Code of Regulations.

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Colorado
§ 12-42.5-403
§ 12-42.5-408
ADC 719-1:23.00.00

West's Colorado Revised Statutes Annotated (2016)
Title 12. Professions and Occupations
Health Care
Article 42.5. Pharmacists, Pharmacy Businesses, and Pharmaceuticals
Part 4. Electronic Monitoring of Prescription Drugs

§ 12-42.5-403. Prescription drug use monitoring program

. . .

(3) The board shall establish a method and format for prescription drug outlets to convey the necessary information to the board or its designee. The method must not require more than a one-time entry of data per patient per prescription by a prescription drug outlet.

. . .

West's Colorado Revised Statutes Annotated (2016)
Title 12. Professions and Occupations
Health Care
Article 42.5. Pharmacists, Pharmacy Businesses, and Pharmaceuticals
Part 4. Electronic Monitoring of Prescription Drugs

§ 12-42.5-408. Exemption--waiver

(1) A hospital licensed or certified pursuant to section 25-1.5-103, C.R.S., a prescription drug outlet located within the hospital that is dispensing a controlled substance for a chart order or dispensing less than or equal to a twenty-four-hour supply of a controlled substance, and emergency medical services personnel certified pursuant to section 25-3.5-203, C.R.S., are exempt from the reporting provisions of this part 4. A hospital prescription drug outlet licensed pursuant to section 12-42.5-112 shall comply with the provisions of this part 4 for controlled substances dispensed for outpatient care that have more than a twenty-four-hour supply.

(2) A prescription drug outlet that does not report controlled substance data to the program due to a lack of electronic automation of the outlet's business may apply to the board for a waiver from the reporting requirements.

West's Colorado Administrative Code (2016)
Title 700. Department of Regulatory Agencies
719. Division of Professions and Occupations -- State Board of Pharmacy
3 CCR 719-1. State Board of Pharmacy Rules

719-1:23.00.00. ELECTRONIC PRESCRIPTION MONITORING PROGRAM

. . .

h. "Prescription drug outlet" or "Dispenser" means any resident or nonresident pharmacy registered with the Board.

. . .

23.00.30 Data Submission Timeline.

Every prescription drug outlet must ensure that all controlled substance dispensing transactions are reported to the PDMP on a daily basis by no later than the outlet's next regular business day.

23.00.40 Data Submission Format.

Prescription drug outlets shall submit to the PDMP the following data requirements:

a. Identifier (Transmission type identifier), if applicable;

b. Bin (Bank Identification Number);

c. Version Number (a number to identify the format of the transaction sent or received);

d. Transaction Code;

e. NABP or Drug Enforcement Administration number assigned to pharmacy;

f. Customer ID (number to identify the patient receiving the RX);

g. Zip Code (3 digit US Postal Code identifying the State Code), if applicable;

h. Customer's Birth Date;

i. Sex Code;

j. Date Filled;

k. Prescription Number;

l. New/Refill Number;

m. Metric Quantity;

n. Days Supply;

o. Compound Code;

p. NDC Number of the drug dispensed;

q. Prescriber's Drug Enforcement Administration registration;

r. Drug Enforcement Administration suffix, if applicable;

s. Date RX Written;

t. Number of Refills Authorized;

u. RX Origin Code;

v. Customer Location;

w. Diagnosis Code, if available;

x. Alternate Prescriber #, if applicable;

y. Patient Last Name (if an animal, the owner's last name);

z. Patient First Name (if an animal, the animal's first name);

aa. Patient Street Address;

bb. Patient's state of residence;

cc. Patient's zip code;

dd. Triplicate Serial Number, if appropriate; and

ee. Filler Field to be populated with Payment Type as designated by PDMP vendor.

23.00.50 Data Correction.

a. Any errors identified by the PDMP shall be corrected and resubmitted by the prescription drug outlet within 30 calendar days of original dispensing date of the affected prescription(s).

b. If errors cannot be corrected, the pharmacy must retain a record in written format detailing the following information for each uncorrected error:

1. Detail of Error Notification highlighting uncorrected error(s); and

2. Detailed reason of why error cannot be corrected.

. . .

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Connecticut
§ 21a-254
§ 21a-240
ADC 21a-254-3
ADC 21a-408-50

Connecticut General Statutes Annotated (2016)
Title 21a. Consumer Protection
Chapter 420B. Dependency-Producing Drugs
Part I. General Provisions

§ 21a-254. Designation of restricted drugs or substances by regulations. Records required by chapter. Electronic prescription drug monitoring program

. . .

(j) (1) The commissioner shall, within available appropriations, establish an electronic prescription drug monitoring program to collect, by electronic means, prescription information for schedules II, III, IV and V controlled substances that are dispensed by pharmacies, nonresident pharmacies, as defined in section 20-627, outpatient pharmacies in hospitals or institutions or by any other dispenser. The program shall be designed to provide information regarding the prescription of controlled substances in order to prevent the improper or illegal use of the controlled substances and shall not infringe on the legitimate prescribing of a controlled substance by a prescribing practitioner acting in good faith and in the course of professional practice.

(2) The commissioner may identify other products or substances to be included in the electronic prescription drug monitoring program established pursuant to subdivision (1) of this subsection.

(3) Prior to July 1, 2016, each pharmacy, nonresident pharmacy, as defined in section 20-627, outpatient pharmacy in a hospital or institution and dispenser shall report to the commissioner, at least weekly, by electronic means or, if a pharmacy or outpatient pharmacy does not maintain records electronically, in a format approved by the commissioner, the following information for all controlled substance prescriptions dispensed by such pharmacy or outpatient pharmacy: (A) Dispenser identification number; (B) the date the prescription for the controlled substance was filled; (C) the prescription number; (D) whether the prescription for the controlled substance is new or a refill; (E) the national drug code number for the drug dispensed; (F) the amount of the controlled substance dispensed and the number of days' supply of the controlled substance; (G) a patient identification number; (H) the patient's first name, last name and street address, including postal code; (I) the date of birth of the patient; (J) the date the prescription for the controlled substance was issued by the prescribing practitioner and the

prescribing practitioner's Drug Enforcement Agency's identification number; and (K) the type of payment.

(4)(A) Except as provided in this subdivision, on and after July 1, 2016, each pharmacy, nonresident pharmacy, as defined in section 20-627, outpatient pharmacy in a hospital or institution, and dispenser shall report to the commissioner by electronic means, in a format approved by the commissioner, the following information for all controlled substance prescriptions dispensed by such pharmacy or outpatient pharmacy immediately upon, but in no event later than the next business day after, dispensing such prescriptions: (i) Dispenser identification number; (ii) the date the prescription for the controlled substance was filled; (iii) the prescription number; (iv) whether the prescription for the controlled substance is new or a refill; (v) the national drug code number for the drug dispensed; (vi) the amount of the controlled substance dispensed and the number of days' supply of the controlled substance; (vii) a patient identification number; (viii) the patient's first name, last name and street address, including postal code; (ix) the date of birth of the patient; (x) the date the prescription for the controlled substance was issued by the prescribing practitioner and the prescribing practitioner's Drug Enforcement Agency's identification number; and (xi) the type of payment.

(B) If the electronic prescription drug monitoring program is not operational, such pharmacy or dispenser shall report the information described in this subdivision not later than the next business day after regaining access to such program. For purposes of this subdivision, "business day" means any day during which the pharmacy is open to the public.

(C) Each veterinarian, licensed pursuant to chapter 384, who dispenses a controlled substance prescription shall report to the commissioner the information described in subparagraph (A) of this subdivision, at least weekly, by electronic means or, if the veterinarian does not maintain records electronically, in a format approved by the commissioner.

. . .

(12) The provisions of this section shall not apply to (A) samples of controlled substances dispensed by a physician to a patient, or (B) any controlled substances dispensed to hospital inpatients.

(13) The provisions of this section shall not apply to any institutional pharmacy or pharmacist's drug room operated by a facility, licensed under section 19a-495 and regulations adopted pursuant to said section 19a-495, that dispenses or administers directly to a patient an opioid agonist for treatment of a substance use disorder.

Title 21A. Consumer Protection
Chapter 420B. Dependency-Producing Drugs
Part I. General Provisions

§ 21a-240. Definitions

The following words and phrases, as used in this chapter, shall have the following meanings, unless the context otherwise requires:

. . .

(13) "Dispense" means to deliver a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing, administering, packaging, labeling or compounding necessary to prepare the substance for the delivery;

(14) "Dispenser" means a practitioner who dispenses;

. . .

(43) "Practitioner" means: (A) A physician, dentist, veterinarian, podiatrist, scientific investigator or other person licensed, registered or otherwise permitted to distribute, dispense, conduct research with respect to or to administer a controlled substance in the course of professional practice or research in this state; (B) a pharmacy, hospital or other institution licensed, registered or otherwise permitted to distribute, dispense, conduct research with respect to or to administer a controlled substance in the course of professional practice or research in this state;

. . .

Regulations of Connecticut State Agencies (2016)
Title 21A. Consumer Protection
Department of Consumer Protection
Electronic Prescription Drug Monitoring Program

Sec. 21a-254-3. General requirements

A pharmacy that dispenses schedule II, III, IV, and V controlled substances shall transmit the prescription information for these controlled substances to the department. A hospital pharmacy, long term care facility pharmacy or correctional facility pharmacy shall transmit controlled prescription information for outpatients only.

Regulations of Connecticut State Agencies (2016)
Title 21A. Consumer Protection

Department of Consumer Protection (2)
Palliative Use of Marijuana

Sec. 21a-408-50. Dispensary reporting into the prescription monitoring program

(a) At least once per day, a dispensary shall transmit electronically to the Drug Control Division of the department the information set forth in the most recent edition of the Standard for Prescription Monitoring Programs established by the American Society for Automation in Pharmacy, a copy of which may be purchased from the American Society for Automation in Pharmacy on their Internet web site: www.asapnet.org.

(b) A dispensary shall transmit to the department, in a format approved by the department, the fields listed in this subsection, including, but not limited to, the following:

(1) Drug Enforcement Administration Pharmacy number, which shall be populated by a number provided by the department;

(2) Birth date;

(3) Sex code;

(4) Date order filled, which shall be the date marijuana is dispensed;

(5) Order number, which shall be the serial number assigned to each marijuana product dispensed to a patient;

(6) New-refill code;

(7) Quantity;

(8) Days supply;

(9) National Drug Code number, which shall be provided by the department;

(10) Drug Enforcement Administration Prescriber identification number;

(11) Date order written, which shall be the date the written certification was issued;

(12) Number of refills authorized;

(13) Order origin code, which shall be provided by the department;

(14) Patient last name;

(15) Patient first name;

(16) Patient street address;

(17) State;

(18) Payment code for either cash or third-party provider; and

(19) Drug name, which shall be the brand name of the marijuana product.

(c) A dispensary shall transmit the information required pursuant to this section in such a manner as to insure the confidentiality of the information in compliance with all federal and Connecticut state statutes and regulations, including the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.

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Delaware
16 § 4798

West's Delaware Code Annotated (2016)
Title 16. Health and Safety
Part IV. Food and Drugs
Chapter 47. Uniform Controlled Substances Act
Subchapter VII. Miscellaneous

§ 4798. The Delaware Prescription Monitoring Program

<Text of section effective upon the availability of appropriations, or of other adequate funding to implement and maintain the Prescription Monitoring Program and upon 3-1-2014. See Historical and Statutory Notes below.>

. . .

(b) Definitions.

. . .

(4) "Dispense" or "dispensing" means the interpretation, evaluation, and implementation of a prescription drug or, including the preparation and delivery of a drug to a patient or patient's agent in a suitable container appropriately labeled for subsequent administration to, or use by, a patient.

(5) "Dispenser" means a person authorized by this State to dispense or distribute to the ultimate user any controlled substance or drug monitored by the program, but shall not include any of the following: a licensed health care facility pharmacy that dispenses, distributes or administers any controlled substance, or drug monitored by the program, for the purposes of inpatient care, or any emergency department dispensing a controlled substance for immediate use.

. . .

(11) "Prescriber" means a licensed health care professional with the authority to write and issue prescriptions, except it shall not include:

a. A prescriber or other authorized person who administers such controlled substance or drug upon the lawful order of a prescriber.

b. A prescriber or other authorized person who, in providing emergency patient care in a healthcare facility, causes the administration of a controlled substance for immediate relief of symptoms arising from an acute condition.

c. A prescriber or other authorized person who prescribes up to a 72-hour supply of a controlled substance for on call services or emergency care.

d. A veterinarian who prescribes for the purpose of providing veterinary services.

. . .

(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) Date drug was dispensed;

(4) Prescription number;

(5) Whether prescription is new or a refill;

(6) NDC code for drug dispensed;

(7) Quantity dispensed;

(8) Approximate number of days supplied;

(9) Patient name and date of birth;

(10) Patient address;

(11) Prescriber DEA registration number and name;

(12) Date prescription issued by prescriber.

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District of Columbia
§ 48-853.01
§ 48-901.02
§ 48-853.03
17 DCMR § 10301
17 DCMR § 10303
17 DCMR § 10304
17 DCMR § 10305

West's District of Columbia Code Annotated 2001 Edition (2016)
Division VIII. General Laws.
Title 48. Foods and Drugs.
Subtitle II. Prescription Drugs.
Chapter 8G. Prescription Drug Monitoring Program.

§ 48-853.01. Definitions.

For the purposes of this chapter, the term:

. . .

(8) "Dispenser" means a practitioner who dispenses a covered substance to the ultimate user, or his or her agent, but shall not include:

(A) A licensed hospital or institutional facility pharmacy that distributes covered substances for the purpose of inpatient hospital care or the dispensing of prescriptions for controlled substances at the time of discharge from such a facility;

(B) A practitioner or other authorized person who administers a covered substance;

(C) A wholesale distributor of a covered substance; or

(D) A clinical researcher providing a covered substance to research subjects as part of a research study approved by a hospital-based institutional review board or an institutional review board accredited by the association for the accreditation of human research protections programs.

. . .

(13) "Practitioner" shall have the same meaning as provided in § 48-901.02(20).

. . .

West's District of Columbia Code Annotated 2001 Edition (2016)
Division VIII. General Laws.
Title 48. Foods and Drugs.
Subtitle III. Illegal Drugs.
Chapter 9. Controlled Substances.
Unit A. Controlled Substances Act.
Current selection Subchapter I. Definitions.

§ 48-901.02. Definitions.

As used in this chapter, the term:

. . .

(20) "Practitioner" means:

(A) A physician, dentist, advanced practice registered nurse, veterinarian, scientific investigator, or other person licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or to administer a controlled substance in the course of professional practice or research in the District of Columbia; or

(B) A pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or to administer a controlled substance in the course of its professional practice or research in the District of Columbia.

. . .

West's District of Columbia Code Annotated 2001 Edition (2016)
Division VIII. General Laws.
Title 48. Foods and Drugs.
Subtitle II. Prescription Drugs.
Chapter 8G. Prescription Drug Monitoring Program.

§ 48-853.03. Reporting requirements; exceptions.

(a)(1) Each dispenser shall submit to the Program the required reporting information for each prescription dispensed for a covered substance within 24 hours after the covered substance is dispensed, unless otherwise established by the Director through rulemaking, but this does not include merely placing the covered substance prescription into a bin for pickup by the ultimate user or his or her agent.

(2) Any dispenser located outside the boundaries of the District that is licensed or registered by the District, shall submit the required reporting information to the Program for each prescription dispensed for a covered substance to an ultimate user who resides

within the District within 24 hours after the date that the covered substance is dispensed, unless otherwise established by the Director through rulemaking.

(b) The failure of any person subject to the reporting requirements of this chapter to report the dispensing of a covered substance, unless otherwise exempted under this chapter, or the willful failure to transmit accurate information shall constitute grounds for:

(1) The revocation, suspension, or denial of a District controlled substances registration;

(2) Disciplinary action by the relevant health occupations board pursuant to § 3-1205.14(c); and

(3) The imposition of civil fines pursuant to § 2-1801.04.

(c) Upon dispensing a covered substance, the dispenser of the covered substance shall report the following information to the Program:

(1) Patient name;

(2) Patient address;

(3) Patient date of birth;

(4) Patient gender;

(5) Dispenser identification number;

(6) Prescriber identification number;

(7) Date prescription was issued by prescriber;

(8) Date prescription was dispensed;

(9) Prescription number;

(10) Prescription type, whether the prescription is new or is a refill;

(11) National Drug Code for the drug dispensed;

(12) Quantity dispensed;

(13) Number of days' supply dispensed;

(14) Number of refills ordered;
(15) Source of payment for the prescription; and

(16) Any other required information as specified in the regulations promulgated by the Director to implement this chapter, or as required for the Program to be eligible to receive federal funds.

(d) Each dispenser shall transmit the required reporting information in accordance with the manner, format, standards, and schedules established by the Director through rulemaking.

(e) The reporting requirements of this chapter shall not apply to the dispensing of covered substances when the dispensing is limited to the following:

(1) Administering covered substances;

(2) Dispensing covered substances within an appropriately licensed narcotic maintenance program;

(3) Dispensing covered substances to inpatients in hospitals or nursing facilities licensed by the Department or facilities that are otherwise authorized by law to operate as hospitals or nursing homes in the District;

(4) Dispensing covered substances to inpatients in hospices licensed by the Department; or

(5) Dispensing covered substances as otherwise provided in the Department's regulations.

West's District of Columbia Municipal Regulations (2016)
Title 17. Business, Occupations, and Professionals
Chapter 103. Prescription Drug Monitoring Program

§ 10301. Prescription monitoring data reporting requirements

10301.1 Each dispenser of a covered substance shall submit the prescription monitoring data required in § 10301.4, in the form and manner required by § 10303, to the Program within twenty-four (24) hours after a covered substance is dispensed for each covered substance dispensed. For purposes of complying with this chapter, dispensing shall not include merely placing the covered substance prescription into a bin for pickup by the ultimate user or his or her agent.

10301.2 For purposes of complying with § 10301.1 of this chapter, the Program shall provide dispensers at least ninety (90) days written notice of the date that reporting shall begin.

10301.3 Any dispenser located outside the geographical boundaries of the District that is licensed or registered by the District, shall submit the prescription monitoring data set forth in § 10301.4 to the Program within twenty-four (24) hours after the covered

substance is dispensed to an ultimate user who resides in the District. The submission shall be in the form and manner required under § 10303.

10301.4 Upon dispensing a covered substance, the dispenser of the covered substance shall report the following prescription monitoring data to the Program:

(a) Patient full name;

(b) Patient address;

(c) Patient telephone number;

(d) Patient date of birth;

(e) Patient gender;

(f) Dispenser DEA number, NPI number, or other mutually acceptable identification number;

(g) Dispenser name;

(h) Dispenser address;

(i) Dispenser telephone number;

(j) Prescriber DEA number, NPI number, or other mutually acceptable identification number;

(k) Prescriber's full name;

(l) Date prescription was issued by prescriber;

(m) Date prescription was dispensed;

(n) Prescription number;

(o) Prescription type is new or is a refill;

(p) Number of refill being dispensed, if applicable;

(q) NDC code for the drug dispensed;
(r) Quantity dispensed;

(s) Days' supply dispensed;

(t) Number of refills ordered;

(u) Source of payment for the prescription;

(v) Any elements required as a condition of eligibility for a federal grant as outlined in the PDMP Instruction Manual; and

(w) Any other information that may be requested by the Director in furtherance of the Program.

10301.5 The reporting requirements of this chapter shall not apply to the dispensing of covered substances when the dispensing is limited to the following:

(a) Administering covered substances;

(b) Dispensing covered substances within an appropriately licensed narcotic maintenance program, such as a methadone treatment program or substance abuse treatment program;

(c) Dispensing covered substances to inpatients in hospitals or nursing facilities licensed by the Department or facilities that are otherwise authorized by law to operate as hospitals or nursing homes in the District; or

(d) Dispensing covered substances to inpatients in hospices licensed or certified by the Department.

10301.6 The failure of any person subject to the reporting requirements of this chapter to report the dispensing of a covered substance, unless otherwise exempted under this chapter, or the willful failure to transmit accurate information shall constitute grounds for:

(a) The revocation, suspension, or denial of a District controlled substances registration;

(b) Disciplinary action by the relevant health occupations board pursuant to Section 514(c) of the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1205.14(c)); and

(c) The imposition of civil fines pursuant to Section 104 of Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985, effective October 5, 1985 (D.C. Law 6-42; D.C. Official Code § 2-1801.04).

10301.7 Each dispenser shall ensure that information reported to the Prescription Drug Monitoring Program is correct and shall submit corrections when necessary.

Chapter 103. Prescription Drug Monitoring Program

§ 10303. Standards and format for reporting

10303.1 The required prescription monitoring data subject to reporting pursuant to §§ 10301 and 10302 shall be transmitted electronically to the Program:

(a) Within twenty-four (24) hours of dispensing;

(b) In the format provided in the Electronic Reporting Standard for Prescription Monitoring Programs of the American Society for Automation in Pharmacy (ASAP), Version 4.2 (November 2011) or later; and;

(c) Shall be consecutive and include any covered substances dispensed after the last date and time reporting information was submitted.

10303.2 The Program shall make available a PDMP Instruction Manual that sets forth information about the required file layout format and acceptable media transmission for submitting the required reporting information.

10303.3 Prescription monitoring data subject to reporting pursuant to §§ 10301 and 10302 shall be transmitted to the Program in the required file layout format through the media transmission set forth in the PDMP Instruction Manual. Dispensers shall begin transmitting the required data on the date specified by the Program, which shall be no less than ninety (90) days after receiving notice from the Program.

10303.4 An alternative means of reporting may be approved by the Program based upon a written request for an exception if good cause is shown.

10303.5 Prescription monitoring data that is not accepted by the Program due to errors or omissions shall be corrected by the dispenser and resubmitted to the Program within twenty-four (24) hours after the dispenser receives notice of the errors or omissions.

10303.6 If a dispenser cannot submit the required prescription monitoring data electronic report due to a mechanical, electrical, or other technical failure, the dispenser shall:

(a) Notify the Program within twenty-four (24) hours of discovery of the technical failure;

(b) Describe in detail the specific circumstances preventing the dispenser from submitting the required report and include any available documentation; and

(c) Submit a report for each covered substance dispensed during the period of technical failure as soon as possible, but no later than three (3) business days following reestablishment of the means of electronic reporting.

West's District of Columbia Municipal Regulations
Title 17. Business, Occupations, and Professionals
Chapter 103. Prescription Drug Monitoring Program

§ 10304. Zero reporting

10304.1 A dispenser that dispenses no covered substances within a twenty-four (24) hour reporting period shall submit a report documenting that zero covered substances were dispensed during that twenty-four (24) hour reporting period.

10304.2 The Program may, upon written attestation that a dispenser possesses no covered substances for dispensing, allow a dispenser to submit a permanent zero report. If at any time the dispenser begins dispensing covered substances, the permanent zero report shall no longer be valid and the dispenser shall start reporting at least every twenty-four (24) hours as required.

10304.3 Dispensers that only dispense covered substances in circumstances not required to be reported, as set forth in § 10301.5, shall file a written attestation with the Program that they are exempt from reporting.

West's District of Columbia Municipal Regulations (2016)
Title 17. Business, Occupations, and Professionals
Chapter 103. Prescription Drug Monitoring Program

§ 10305. Criteria for granting waivers of the reporting requirements

10305.1 The Program may grant a temporary waiver of all or some of the reporting requirements to a dispenser who files a request in writing or electronically on a form provided by the Program and who meets the criteria for waiver set forth in § 10305.2.

10305.2 The criteria for a waiver of the reporting requirements shall include a history of compliance with laws and regulations by the dispensers regularly practicing at that location and may include, but is not limited to:

(a) Substantial hardship created by a natural disaster or other emergency beyond the control of the dispenser; or

(b) Dispensing in a controlled research project approved by a regionally accredited institution of higher education or under the supervision of a governmental agency.

10305.3 The Program may grant waivers on a case-by-case basis, which shall be subject to the terms and conditions stated in the waiver, limited to a specified time period, and subject to being vacated.

10305.4 Denial by the Program of a request for a waiver shall be deemed a final Department action.

10305.5 A dispenser whose request for a waiver is denied may seek review of the final Department action in the Superior Court of the District of Columbia within twenty (20) days after receipt of the notice. The review shall be an on the record review of the decision, and not a de novo review.

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Florida
§ 893.055
ADC 64K-1.004

West's Florida Statutes Annotated (2016)
Title XLVI. Crimes (Chapters 775-899)
Chapter 893. Drug Abuse Prevention and Control

§ 893.055. Prescription drug monitoring program

(1) As used in this section, the term:

. . .

(c) "Dispenser" means a pharmacy, dispensing pharmacist, or dispensing health care practitioner.

(d) "Health care practitioner" or "practitioner" means any practitioner who is subject to licensure or regulation by the department under chapter 458, chapter 459, chapter 461, chapter 462, chapter 463, chapter 464, chapter 465, or chapter 466.

. . .

(2)(a) The department shall design and establish a comprehensive electronic database system that has controlled substance prescriptions provided to it and that provides prescription information to a patient's health care practitioner and pharmacist who inform the department that they wish the patient advisory report provided to them. Otherwise, the patient advisory report will not be sent to the practitioner, pharmacy, or pharmacist. The system shall be designed to provide information regarding dispensed prescriptions of controlled substances and shall not infringe upon the legitimate prescribing or dispensing of a controlled substance by a prescriber or dispenser acting in good faith and in the course of professional practice. The system shall be consistent with standards of the American Society for Automation in Pharmacy (ASAP). The electronic system shall also comply with the Health Insurance Portability and Accountability Act (HIPAA) as it pertains to protected health information (PHI), electronic protected health information (EPHI), and all other relevant state and federal privacy and security laws and regulations. The department shall establish policies and procedures as appropriate regarding the reporting, accessing the database, evaluation, management, development, implementation, operation, storage, and security of information within the system. **The reporting of prescribed controlled substances shall include a dispensing transaction with a dispenser pursuant to chapter 465 or through a dispensing transaction to an individual or address in this state with a pharmacy that is not located in this state but that is otherwise subject to the jurisdiction of this state as to that dispensing transaction.** The reporting of patient advisory reports refers only to reports to patients, pharmacies, and practitioners. Separate reports that

contain patient prescription history information and that are not patient advisory reports are provided to persons and entities as authorized in paragraphs (7)(b) and (c) and s. 893.0551.

. . .

(3) The pharmacy dispensing the controlled substance and each prescriber who directly dispenses a controlled substance shall submit to the electronic system, by a procedure and in a format established by the department and consistent with an ASAP-approved format, the following information for inclusion in the database:

(a) The name of the prescribing practitioner, the practitioner's federal Drug Enforcement Administration registration number, the practitioner's National Provider Identification (NPI) or other appropriate identifier, and the date of the prescription.

(b) The date the prescription was filled and the method of payment, such as cash by an individual, insurance coverage through a third party, or Medicaid payment. This paragraph does not authorize the department to include individual credit card numbers or other account numbers in the database.

(c) The full name, address, and date of birth of the person for whom the prescription was written.

(d) The name, national drug code, quantity, and strength of the controlled substance dispensed.

(e) The full name, federal Drug Enforcement Administration registration number, and address of the pharmacy or other location from which the controlled substance was dispensed. If the controlled substance was dispensed by a practitioner other than a pharmacist, the practitioner's full name, federal Drug Enforcement Administration registration number, and address.

(f) The name of the pharmacy or practitioner, other than a pharmacist, dispensing the controlled substance and the practitioner's National Provider Identification (NPI).

(g) Other appropriate identifying information as determined by department rule.

(4) Each time a controlled substance is dispensed to an individual, the controlled substance shall be reported to the department through the system as soon thereafter as possible, but not more than 7 days after the date the controlled substance is dispensed unless an extension is approved by the department for cause as determined by rule. A dispenser must meet the reporting requirements of this section by providing the required information concerning each controlled substance that it dispensed in a department-approved, secure methodology and format. Such approved formats may include, but are not limited to, submission via the Internet, on a disc, or by use of regular mail.

(5) When the following acts of dispensing or administering occur, the following are exempt from reporting under this section for that specific act of dispensing or administration:

(a) A health care practitioner when administering a controlled substance directly to a patient if the amount of the controlled substance is adequate to treat the patient during that particular treatment session.

(b) A pharmacist or health care practitioner when administering a controlled substance to a patient or resident receiving care as a patient at a hospital, nursing home, ambulatory surgical center, hospice, or intermediate care facility for the developmentally disabled which is licensed in this state.

(c) A practitioner when administering or dispensing a controlled substance in the health care system of the Department of Corrections.

(d) A practitioner when administering a controlled substance in the emergency room of a licensed hospital.

(e) A health care practitioner when administering or dispensing a controlled substance to a person under the age of 16.

(f) A pharmacist or a dispensing practitioner when dispensing a one-time, 72-hour emergency resupply of a controlled substance to a patient.

(g) A rehabilitative hospital, assisted living facility, or nursing home dispensing a certain dosage of a controlled substance, as needed, to a patient as ordered by the patient's treating physician.

(6) The department may establish when to suspend and when to resume reporting information during a state-declared or nationally declared disaster.

(7)(a) A practitioner or pharmacist who dispenses a controlled substance must submit the information required by this section in an electronic or other method in an ASAP format approved by rule of the department unless otherwise provided in this section. The cost to the dispenser in submitting the information required by this section may not be material or extraordinary. Costs not considered to be material or extraordinary include, but are not limited to, regular postage, electronic media, regular electronic mail, and facsimile charges.

. . .

Title 64. Department of Health
Subtitle 64K. Prescription Drug Monitoring Program
Chapter 64K-1. Prescription Drug Monitoring Program

64K-1.004. Management and Operation of Database.

(1) All entities that dispense controlled substances, Schedules II-IV, are required to report to the Program database. These entities include:

(a) Any pharmacy with a permit issued under Chapter 465, F.S., that dispenses controlled substances, whether located in or out of the State of Florida, including mail order or Internet pharmacies.

(b) Any health care practitioner, practicing in Florida, who dispenses any controlled substances, Schedules II-IV, and who is licensed under Chapter 458, 459, 461, 462 or 466, F.S.

(c) Exemptions from reporting are as stated in Section 893.055(5), F.S.

(2) All dispensers will electronically submit data to the Program's database as soon thereafter as possible, but not more than 7 days after the controlled substance is dispensed to an individual. Extensions of the time within which a dispenser must report the dispensing of a controlled substance shall be granted for no more than 30 days upon request to the Program by any dispenser unable to submit data by electronic means for good cause if the dispenser provides evidence of having suffered a mechanical or electronic failure or cannot report for reasons beyond the control of the dispenser or if the database is unable to receive submissions.

(3) Data not accepted by the database system due to a substantial number of errors or omissions shall be corrected and resubmitted to the database by the reporting dispenser within ten business days of receiving written notice that the submitted data was unacceptable.

(4) Failure to report the dispensing of Schedules II-IV controlled substances will result in the Program filing a complaint with the Department for investigation and a referral to law enforcement.

(5) All information from the database disseminated in any form by the Program to any entity is considered protected health information and the use of it is governed by any and all applicable federal and state laws.

(6)(a) A patient, health care provider, prescriber, or dispenser is authorized to submit to the Program an electronic request for the correction of erroneous information in the database. The request shall include:

1. A statement explaining in detail the basis for the requested correction;

2. The precise change requested;

3. Documentation establishing the error and the correct information;

4. The requester's name, address, telephone number, and license number if licensed as a health care provider in Florida.

(b) The Program manager or designated staff will review all requests to correct information in the database and will contact the entity that provided the data under review. If the reporter of the data concurs that the data should be corrected as requested, the reporter will make the correction. If the reporter does not agree, the reporter will not enter the correction. The entity or person requesting the correction will be notified of whether the correction has been made.

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Georgia
§ 16-13-59
§ 16-13-65
§ 16-13-21

West's Code of Georgia Annotated (2016)
Title 16. Crimes and Offenses
Chapter 13. Controlled Substances
Article 2. Regulation of Controlled Substances
Part 2. Electronic Data Base of Prescription Information

§ 16-13-59. Prescription information required

(a) For purposes of the program established pursuant to Code Section 16-13-57, each dispenser shall submit to the agency by electronic means information regarding each prescription dispensed for a Schedule II, III, IV, or V controlled substance. The information submitted for each prescription shall include at a minimum, but shall not be limited to:

(1) DEA permit number or approved dispenser facility controlled substance identification number;

(2) Date the prescription was dispensed;

(3) Prescription serial number;

(4) If the prescription is new or a refill;

(5) National Drug Code (NDC) for drug dispensed;

(6) Quantity and strength dispensed;

(7) Number of days supply of the drug;

(8) Patient's name;

(9) Patient's address;

(10) Patient's date of birth;

(11) Patient gender;

(12) Method of payment;

(13) Approved prescriber identification number or prescriber's DEA permit number;

(14) Date the prescription was issued by the prescriber; and

(15) Other data elements consistent with standards established by the American Society for Automation in Pharmacy, if designated by regulations of the agency.
(b) Each dispenser shall submit the prescription information required in subsection (a) of this Code section in accordance with transmission methods and frequency requirements established by the agency on at least a weekly basis and shall report, at a minimum, such prescription information no later than ten days after the prescription is dispensed. If a dispenser is temporarily unable to comply with this subsection due to an equipment failure or other circumstances, such dispenser shall notify the board and agency.

(c) The agency may issue a waiver to a dispenser that is unable to submit prescription information by electronic means acceptable to the agency. Such waiver may permit the dispenser to submit prescription information to the agency by paper form or other means, provided all information required in subsection (a) of this Code section is submitted in this alternative format and in accordance with the frequency requirements established pursuant to subsection (b) of this Code section. Requests for waivers shall be submitted in writing to the agency.

(d) The agency shall not revise the information required to be submitted by dispensers pursuant to subsection (a) of this Code section more frequently than annually. Any such change to the required information shall neither be effective nor applicable to dispensers until six months after the adoption of such changes.

(e) The agency shall not access or allow others to access any identifying prescription information from the electronic data base after two years from the date such information was originally received by the agency. The agency may retain aggregated prescription information for a period of two years from the date the information is received but shall promulgate regulations and procedures that will ensure that any identifying information the agency receives from any dispenser or reporting entity that is two years old or older is deleted or destroyed on an ongoing basis in a timely and secure manner.

(f) A dispenser may apply to the agency for an exemption to be excluded from compliance with this Code section if compliance would impose an undue hardship on such dispenser. The agency shall provide guidelines and criteria for what constitutes an undue hardship.

(g) For purposes of this Code section, the term "dispenser" shall include any pharmacy or facility physically located in another state or foreign country that in any manner ships, mails, or delivers a dispensed controlled substance into this state.

Title 16. Crimes and Offenses
Chapter 13. Controlled Substances
Article 2. Regulation of Controlled Substances
Part 2. Controlled Substances Prescription Monitoring

§ 16-13-65. Exemptions

(a) This part shall not apply to any veterinarian.

(b) This part shall not apply to any drug, substance, or immediate precursor classified as an exempt over the counter (OTC) Schedule V controlled substance pursuant to this chapter or pursuant to board rules established in accordance with Code Section 16-13-29.2.

West's Code of Georgia Annotated (2016)
Title 16. Crimes and Offenses
Chapter 13. Controlled Substances
Article 2. Regulation of Controlled Substances
Part 1. General Provisions

§ 16-13-21. Definitions

As used in this article, the term:

. . .

(10) "Dispenser" means a person that delivers a Schedule II, III, IV, or V controlled substance to the ultimate user but shall not include:

(A) A pharmacy licensed as a hospital pharmacy by the Georgia Board of Pharmacy pursuant to Code Section 26-4-110;

(B) An institutional pharmacy that serves only a health care facility, including, but not limited to, a nursing home, an intermediate care home, a personal care home, or a hospice program, which provides patient care and which pharmacy dispenses such substances to be administered and used by a patient on the premises of the facility;

(C) A practitioner or other authorized person who administers such a substance; or

(D) A pharmacy operated by, on behalf of, or under contract with the Department of Corrections for the sole and exclusive purpose of providing services in a secure environment to prisoners within a penal institution, penitentiary, prison, detention center, or other secure correctional institution. This shall include correctional institutions operated by private entities in this state which house inmates under the Department of Corrections.

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Hawaii
§ 329-101
ADC § 23-200-17

West's Hawai‘i Revised Statutes Annotated (2016)
Division 1. Government
Title 19. Health
Chapter 329. Uniform Controlled Substances Act
[Part VIII]. Electronic Prescription Accountability System

§ 329-101. Reporting of dispensation of controlled substances; electronic prescription accountability system; requirements; penalty

(a) A controlled substance electronic prescription accountability system shall be established within six months of June 18, 1996.

(b) The designated state agency shall determine those schedules of controlled substances, classes of controlled substances, and specific controlled substances that are purportedly being misused and abused in the State. **No identified controlled substances may be dispensed unless information relevant to the dispensation of the substance is reported electronically or by means indicated by the designated state agency to the central repository established under section 329-102, in accordance with rules adopted by the department.**

(c) The information required by this section shall be transmitted: on an electronic device that is compatible with the receiving device of the central repository; or by computer diskette, magnetic tape, or pharmacy universal claim form that meets the specifications provided in the rules of the designated state agency. The information to be transmitted under subsection (b) shall include at least the following for each dispensation:

(1) The patient's name;

(2) The patient's identification number;

(3) The patient's date of birth;

(4) The patient's address;

(5) The eight-digit national drug code number of the substance dispensed;

(6) The date the prescription was issued;

(7) The date of dispensation;

(8) The quantity and number of refills authorized;

(9) The practitioner's Drug Enforcement Administration registration number;

(10) The pharmacy's National Association of Boards of Pharmacy number and location; and

(11) The practitioner's practice specialty and subspecialties, as determined by the applicable licensure boards.

(d) Under the system:

(1) Information shall be reported in numerical format, not less than once every seven days, on the filling of prescriptions for designated controlled substances and the dispensing of drug samples by a licensed practitioner; and

(2) Each dispenser shall maintain a record of such filled prescriptions, including all information described in subsection (c), for a period of five years. Each dispenser shall keep these records available for inspection and copying by the designated state agency.

(e) The system shall provide for the use of a central repository in accordance with section 329-102. The operation of the system shall be overseen by the designated state agency. The system shall include provisions to protect the confidentiality of information in the system, in accordance with section 329-104.

(f) Intentional or knowing failure to transmit any information as required by this section, including a request by the designated state agency for data corrections, shall be a misdemeanor, may incur administrative fines, and shall result in the immediate suspension of that pharmacy or practitioner's ability to dispense controlled substances in the State until authorized by the administrator.

West's Hawaii Administrative Code (2016)
Title 23. Department of Public Safety
Subtitle 3. Law Enforcement
Chapter 200. Regulation of Controlled Substances

§ 23-200-17. Electronic reporting of dispensation of controlled substances.

(a) All pharmacies shall transmit electronically all controlled substance prescription data as specified by the administrator. The administrator shall determine those schedules of controlled substances, classes of controlled substances, and specific controlled substances that are to be electronically transmitted to the department. No identified controlled substances may be dispensed unless information relevant to the dispensation of the

substance is reported electronically or by universal claim form to the central repository established under section 329-102, Hawaii Revised Statutes.

(b) The information required by this section shall be transmitted:

(1) On an electronic device that is compatible with the receiving device of the central repository; or

(2) By computer diskette, magnetic tape, or pharmacy universal claim form that meets the specifications provided by the Administrator.

(c) The information to be transmitted under subsection (b) shall include at least the following for each dispensation:

(1) The patient's name;

(2) The patient's identification number;

(3) The patient's date of birth;

(4) The eight-digit national drug code number of the substance dispensed;

(5) The date of dispensation;

(6) The quantity and number of refills authorized;

(7) The practitioner's Drug Enforcement Administration registration number;

(8) The pharmacy's National Association of Boards of Pharmacy number and location; and

(9) The practitioner's practice specialty and subspecialties, as determined by the applicable licensure boards.

(d) Under the system:

(1) Information shall be reported in numerical format, not less than once every seven days, on the filling of prescriptions for designated controlled substances and the dispensing of drug samples by a licensed practitioner; and

(2) Each dispenser shall maintain a record of such filled prescriptions, including all information described in subsection (c), for a period of five years. Each dispenser shall keep these records available for inspection and copying by the designated state agency.

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Idaho
§ 37-2726
ADC 27.01.01.204
§ 37-2701

West's Idaho Code Annotated (2016)
Title 37. Food, Drugs, and Oil
Chapter 27. Uniform Controlled Substances
Article III

§ 37-2726. Filing prescriptions—Database

(1) All controlled substances dispensed for humans shall be filed with the board electronically in a format established by the board or by other method as required by board rule. The board may require the filing of other prescriptions by board rule. The board shall establish by rule the information to be submitted pursuant to the purposes of this section and the purposes set forth in section 37-2730A, Idaho Code.

. . .

Idaho Administrative Code (2016)
Agency 27. State Board of Pharmacy
Title 01.
Chapter 01. Rules of the Idaho State Board of Pharmacy

204. CONTROLLED SUBSTANCES - PMP.

Specified data on controlled substances must be reported weekly, or more often as required by the Board, by all pharmacies holding a DEA retail pharmacy registration that dispense controlled substances in or into Idaho and prescribers that dispense controlled substances to humans. Data on controlled substance prescription drug samples does not need to be reported. (4-4-13)

. . .

West's Idaho Code Annotated (2016)
Title 37. Food, Drugs, and Oil
Chapter 27. Uniform Controlled Substances
Article I

§ 37-2701. Definitions

As used in this act:

. . .

(i) "Dispense" means to deliver a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery.

(j) "Dispenser" means a practitioner who dispenses.

. . .

(aa) "Practitioner" means:

(1) A physician, dentist, veterinarian, scientific investigator, or other person licensed, registered or otherwise permitted to distribute, dispense, conduct research with respect to or to administer a controlled substance in the course of his professional practice or research in this state;

(2) A pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to or to administer a controlled substance in the course of their professional practice or research in this state.

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Illinois
720 § 570/316
720 § 570/313
77 ADC § 2080.30
77 ADC § 2080.100
720 § 570/102

West's Smith-Hurd Illinois Compiled Statutes Annotated (2016)
Chapter 720. Criminal Offenses
Offenses Against the Public
Act 570. Illinois Controlled Substances Act
Article III. Registration and Control of Manufacture, Distribution and Dispensing

570/316. Prescription monitoring program

§ 316. Prescription monitoring program.

(a) The Department must provide for a prescription monitoring program for Schedule II, III, IV, and V controlled substances that includes the following components and requirements:

(1) The dispenser must transmit to the central repository, in a form and manner specified by the Department, the following information:

(A) The recipient's name and address.

(B) The recipient's date of birth and gender.

(C) The national drug code number of the controlled substance dispensed.

(D) The date the controlled substance is dispensed.

(E) The quantity of the controlled substance dispensed and days supply.

(F) The dispenser's United States Drug Enforcement Administration registration number.

(G) The prescriber's United States Drug Enforcement Administration registration number.

(H) The dates the controlled substance prescription is filled.

(I) The payment type used to purchase the controlled substance (i.e. Medicaid, cash, third party insurance).

(J) The patient location code (i.e. home, nursing home, outpatient, etc.) for the controlled substances other than those filled at a retail pharmacy.

(K) Any additional information that may be required by the department by administrative rule, including but not limited to information required for compliance with the criteria for electronic reporting of the American Society for Automation and Pharmacy or its successor.

(2) The information required to be transmitted under this Section must be transmitted not later than the end of the next business day after the date on which a controlled substance is dispensed, or at such other time as may be required by the Department by administrative rule.

(3) A dispenser must transmit the information required under this Section by:

(A) an electronic device compatible with the receiving device of the central repository;

(B) a computer diskette;

(C) a magnetic tape; or

(D) a pharmacy universal claim form or Pharmacy Inventory Control form;

(4) The Department may impose a civil fine of up to $100 per day for willful failure to report controlled substance dispensing to the Prescription Monitoring Program. The fine shall be calculated on no more than the number of days from the time the report was required to be made until the time the problem was resolved, and shall be payable to the Prescription Monitoring Program.

(b) The Department, by rule, may include in the monitoring program certain other select drugs that are not included in Schedule II, III, IV, or V. The prescription monitoring program does not apply to controlled substance prescriptions as exempted under Section 313.

(c) The collection of data on select drugs and scheduled substances by the Prescription Monitoring Program may be used as a tool for addressing oversight requirements of long-term care institutions as set forth by Public Act 96-1372. Long-term care pharmacies shall transmit patient medication profiles to the Prescription Monitoring Program monthly or more frequently as established by administrative rule.

(d) The Department of Human Services shall appoint a full-time Clinical Director of the Prescription Monitoring Program.

(e) Within one year of the effective date of this amendatory Act of the 99th General Assembly, the Department shall adopt rules establishing pilot initiatives involving a cross-section of

hospitals in this State to increase electronic integration of a hospital's electronic health record with the Prescription Monitoring Program on or before January 1, 2019 to ensure all providers have timely access to relevant prescription information during the treatment of their patients. These rules shall also establish pilots that enhance the electronic integration of outpatient pharmacy records with the Prescription Monitoring Program to allow for faster transmission of the information required under this Section. In collaboration with the Department of Human Services, the Prescription Monitoring Program Advisory Committee shall identify funding sources to support the pilot projects in this Section and distribution of funds shall be based on voluntary and incentive-based models. The rules adopted by the Department shall also ensure that the Department continues to monitor updates in Electronic Health Record Technology and how other states have integrated their prescription monitoring databases with Electronic Health Records.

West's Smith-Hurd Illinois Compiled Statutes Annotated (2016)
Chapter 720. Criminal Offenses
Offenses Against the Public
Act 570. Illinois Controlled Substances Act
Article III. Registration and Control of Manufacture, Distribution and Dispensing

570/313. Hospitals and institutions; exemptions

§ 313. (a) Controlled substances which are lawfully administered in hospitals or institutions licensed under the Hospital Licensing Act shall be exempt from the requirements of Sections 312 and 316, except that the prescription for the controlled substance shall be in writing on the patient's record, signed by the prescriber, and dated, and shall state the name and quantity of controlled substances ordered and the quantity actually administered. The records of such prescriptions shall be maintained for two years and shall be available for inspection by officers and employees of the Illinois State Police and the Department of Financial and Professional Regulation.

The exemption under this subsection (a) does not apply to a prescription (including an outpatient prescription from an emergency department or outpatient clinic) for more than a 72-hour supply of a discharge medication to be consumed outside of the hospital or institution.

. . .

(d) Controlled substances which are lawfully administered and/or dispensed in drug abuse treatment programs licensed by the Department shall be exempt from the requirements of Sections 312 and 316, except that the prescription for such controlled substances shall be issued and authenticated on official prescription logs prepared and maintained in accordance with 77 Ill. Adm. Code 2060: Alcoholism and Substance Abuse Treatment and Intervention Licenses, and in compliance with other applicable State and federal laws. The Department-licensed drug treatment program shall report applicable prescriptions via electronic

record keeping software approved by the Department. This software must be compatible with the specifications of the Department. Drug abuse treatment programs shall report to the Department methadone prescriptions or medications dispensed through the use of Department-approved File Transfer Protocols (FTPs). Methadone prescription records must be maintained in accordance with the applicable requirements as set forth by the Department in accordance with 77 Ill. Adm. Code 2060: Alcoholism and Substance Abuse Treatment and Intervention Licenses, and in compliance with other applicable State and federal laws.

West's Illinois Administrative Code (2016)
Title 77: Public Health
Chapter XX: Department of Alcoholism and Substance Abuse
Subchapter E: Controlled Substances Activities
Part 2080: Electronic Prescription Monitoring Program

2080.30 General Description

The Prescription Monitoring Program (PMP) monitors all retail prescriptions for Schedule II, III, IV and V drugs that are dispensed, except for hospital inpatients and drug abuse treatment programs licensed by the Department, within the State of Illinois. Each time a Schedule II, III, IV or V drug is dispensed, the dispenser must transmit specific information to a central repository designated by the Department.

West's Illinois Administrative Code (2016)
Title 77. Public Health
Chapter X(4). Department of Human Services
Subchapter E. Controlled Substances Activities
Part 2080. Electronic Prescription Monitoring Program

2080.100 Dispenser Responsibility

a) Each time a Schedule II, III, IV or V drug or other selected drugs, as described in Section 2080.230, is dispensed, the dispenser must transmit, no later than the next business day after dispensing, to the central repository the following data, or any other data deemed necessary by the PMPAC:

1) Dispenser DEA number.

2) Dispenser full name and address.

3) Recipient's (or animal and owner's) name and address.

4) NDC identification number of the Schedule II, III, IV or V drug dispensed.

5) Quantity of the Schedule II, III, IV or V drug dispensed.

6) Date prescription filled.

7) Date prescription written.

8) Prescriber DEA number.

9) Prescriber full name.

10) Patient ID.

11) Patient sex (M for male, F for female or U for unknown).

12) Patient birth date (yyyymmdd - year, month, day).

13) Date dispensed.

14) Payment type (i.e., Medicaid, cash, third-party insurance).

15) Patient location code (i.e., home, nursing home, outpatient, etc.).

16) Days' supply (based on dispensed quantity).

b) If no Schedule II, III, IV or V drug or other selected drugs, as described in Section 2080.230, is dispensed, the dispenser must transmit a zero report, as set forth in American Society of Automation in Pharmacy (ASAP) Prescription Monitoring Program Standard Version 4.2 (2011), to the central repository, no later than the next business day. The incorporation by reference includes no later amendments or editions.

c) For hospitals licensed under the Hospital Licensing Act [210 ILCS 85], any discharge or outpatient prescription exceeding a 72 hour quantity must be reported to the PMP central repository no later than the next business day after dispensing. The report shall contain the following data or any other data deemed necessary by the PMPAC:

1) Dispenser DEA number.

2) Dispenser name and address.

3) Recipient's (or animal and owner's) name and address.
4) NDC identification number of the Schedule II, III, IV or V drug dispensed.

5) Quantity of the Schedule II, III, IV or V drug dispensed.

6) Date prescription filled.

7) Date prescription written.

8) Prescriber DEA number.

9) Prescriber name and address.

10) Patient ID.

11) Patient sex (M for male, F for female or U for unknown).

12) Patient birth (yyyymmdd - year, month, day).

13) Date dispensed.

14) Payment type (i.e., Medicaid, cash, third-party insurance).

15) Patient location code (i.e., home, nursing home, outpatient, etc.).

16) Days' supply (based on dispensed quantity).

d) The Department shall impose a civil fine of $100 per day for willful failure to comply with statutory reporting requirements. Assessment of the fine begins on the day after the report was required to be submitted and ends on the day the failure to report is remedied. Fines shall be payable to the Prescription Monitoring Program.

West's Smith-Hurd Illinois Compiled Statutes Annotated (2016)
Chapter 720. Criminal Offenses
Offenses Against the Public
Act 570. Illinois Controlled Substances Act
Article I. Intent, Title and Definitions

570/102. Definitions

§ 102. Definitions. As used in this Act, unless the context otherwise requires:

. . .

(q) "Dispenser" means a practitioner who dispenses.

. . .

(kk) "Practitioner" means a physician licensed to practice medicine in all its branches, dentist, optometrist, podiatric physician, veterinarian, scientific investigator, pharmacist,

physician assistant, advanced practice nurse, licensed practical nurse, registered nurse, hospital, laboratory, or pharmacy, or other person licensed, registered, or otherwise lawfully permitted by the United States or this State to distribute, dispense, conduct research with respect to, administer or use in teaching or chemical analysis, a controlled substance in the course of professional practice or research.

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Indiana
§ 35-48-7-8.1
§ 35-48-7-2.9
§ 35-48-1-13
§ 35-48-7-5.8
856 ADC 6-1-3

West's Annotated Indiana Code (2016)
Title 35. Criminal Law and Procedure
Article 48. Controlled Substances
Chapter 7. Central Repository for Controlled Substances Data

§ 35-48-7-8.1 Controlled substance prescription monitoring program; dispensing of controlled substance by pharmacist.

Sec. 8.1. (a) The board shall provide for a controlled substance prescription monitoring program that includes the following components:

(1) Each time ephedrine, pseudoephedrine, or a controlled substance designated by the board under IC 35-48-2-5 through IC 35-48-2-10 is dispensed, the dispenser shall transmit to the INSPECT program the following information:

(A) The ephedrine, pseudoephedrine, or controlled substance recipient's name.

(B) The ephedrine, pseudoephedrine, or controlled substance recipient's or the recipient representative's identification number or the identification number or phrase designated by the INSPECT program.

(C) The ephedrine, pseudoephedrine, or controlled substance recipient's date of birth.

(D) The national drug code number of the ephedrine, pseudoephedrine, or controlled substance dispensed.

(E) The date the ephedrine, pseudoephedrine, or controlled substance is dispensed.

(F) The quantity of the ephedrine, pseudoephedrine, or controlled substance dispensed.

(G) The number of days of supply dispensed.

(H) The dispenser's United States Drug Enforcement Agency registration number.

(I) The prescriber's United States Drug Enforcement Agency registration number.

(J) An indication as to whether the prescription was transmitted to the pharmacist orally or in writing.

(K) Other data required by the board.

(2) The information required to be transmitted under this section must be transmitted as follows:

(A) Before July 1, 2015, not more than seven (7) days after the date on which ephedrine, pseudoephedrine, or a controlled substance is dispensed.

(B) Beginning July 1, 2015, and until December 31, 2015, not more than three (3) days after the date on which ephedrine, pseudoephedrine, or a controlled substance is dispensed.

(C) Beginning January 1, 2016, and thereafter, not more than twenty-four (24) hours after the date on which ephedrine, pseudoephedrine, or a controlled substance is dispensed. However, if the dispenser's pharmacy is closed the day following the dispensing, the information must be transmitted by the end of the next business day.

(3) A dispenser shall transmit the information required under this section by:

(A) uploading to the INSPECT web site;

(B) a computer diskette; or

(C) a CD-ROM disk;

that meets specifications prescribed by the board.

(4) The board may require that prescriptions for ephedrine, pseudoephedrine, or controlled substances be written on a one (1) part form that cannot be duplicated. However, the board may not apply such a requirement to prescriptions filled at a pharmacy with a Category II permit (as described in IC 25-26-13-17) and operated by a hospital licensed under IC 16-21, or prescriptions ordered for and dispensed to bona fide enrolled patients in facilities licensed under IC 16-28. The board may not require multiple copy prescription forms for any prescriptions written. The board may not require different prescription forms for any individual drug or group of drugs. Prescription forms required under this subdivision must be approved by the Indiana board of pharmacy established by IC 25-26-13-3.

(5) The costs of the program.

(b) The board shall consider the recommendations of the committee concerning the INSPECT program.

(c) This subsection applies only to a retail pharmacy. A pharmacist, pharmacy technician, or person authorized by a pharmacist to dispense ephedrine, pseudoephedrine, or a controlled substance may not dispense ephedrine, pseudoephedrine, or a controlled substance to a person who is not personally known to the pharmacist, pharmacy technician, or person authorized by a pharmacist to dispense a controlled substance unless the person taking possession of the ephedrine, pseudoephedrine, or controlled substance provides documented proof of the person's identification to the pharmacist, pharmacy technician, or person authorized by a pharmacist to dispense ephedrine, pseudoephedrine, or a controlled substance.

West's Annotated Indiana Code (2016)
Title 35. Criminal Law and Procedure
Article 48. Controlled Substances
Chapter 7. Central Repository for Controlled Substances Data

§ 35-48-7-2.9 "Dispense" defined

Sec. 2.9. (a) As used in this chapter, "dispense" has the meaning set forth in IC 35-48-1-12.

(b) The term does not apply to the following:

(1) A drug administered directly to a patient.

(2) A drug dispensed by a practitioner, if the quantity dispensed is not more than a seventy-two (72) hour supply of a controlled substance listed in schedule II, III, IV, or V as set forth in IC 35-48-3-9.

West's Annotated Indiana Code (2016)
Title 35. Criminal Law and Procedure
Article 48. Controlled Substances
Chapter 1. Definitions

§ 35-48-1-13 "Dispenser" defined

Sec. 13. "Dispenser" means a practitioner who dispenses.

Title 35. Criminal Law and Procedure
Article 48. Controlled Substances
Chapter 7. Central Repository for Controlled Substances Data

§ 35-48-7-5.8 "Practitioner" defined

Sec. 5.8. As used in this chapter, "practitioner" means a physician, dentist, veterinarian, podiatrist, nurse practitioner, scientific investigator, pharmacist, hospital, or other institution or individual licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or administer a controlled substance in the course of professional practice or research in the United States.

Indiana Administrative Code (2016)
Title 856. Indiana Board of Pharmacy
Article 6. Controlled Substance Monitoring
Rule 1. Electronic Prescription Monitoring Program

856 IAC 6-1-3 Prescription monitoring program

Authority: IC 35-48-7-12

Affected: IC 35-48-7-8

Sec. 3. (a) Each time a Schedule II, III, IV, or V controlled substance is dispensed, the dispenser shall transmit to the central repository information outlined in IC 35-48-7-8.

(b) Dispensers reporting more than twenty (20) Schedule II, III, IV, or V prescriptions in any given month must transmit to the central repository information outlined in IC 35-48-7-8 utilizing one (1) of the following:

(1) An electronic device compatible with the receiving device of the central repository.

(2) A computer diskette.

(3) A magnetic tape.

(c) Dispensers reporting less than twenty (20) Schedule II, III, IV, or V prescriptions in any given month may submit data utilizing a universal claim form or transmit the information utilizing the ways outlined in subsection (b).

(d) The committee may grant a waiver to a dispenser which is unable to transmit the required data in accordance with subsection (b) for a period of one hundred eighty (180) days from the effective date of this rule which one hundred eighty (180) day period may be extended by the committee at its discretion. During the effective period of the waiver and

any extension granted by the committee, the dispenser shall submit the required data in a format acceptable to the committee.

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Iowa
§ 124.552
ADC 657-37.3(124)
ADC 657-24.3(155A)

Iowa Code Annotated (2016)
Title IV. Public Health
Subtitle 1. Alcoholic Beverages and Controlled Substances
Chapter 124. Controlled Substances
Division VI. Drug Prescribing and Dispensing--Information Program

§ 124.552. Information reporting

1. Each licensed pharmacy that dispenses controlled substances identified pursuant to section 124.554, subsection 1, paragraph "g", to patients in the state, and each licensed pharmacy located in the state that dispenses such controlled substances identified pursuant to section 124.554, subsection 1, paragraph "g", to patients inside or outside the state, unless specifically excepted in this section or by rule, shall submit the following prescription information to the program:

a. Pharmacy identification.

b. Patient identification.

c. Prescribing practitioner identification.

d. The date the prescription was issued by the prescribing practitioner.

e. The date the prescription was dispensed.

f. An indication of whether the prescription dispensed is new or a refill.

g. Identification of the drug dispensed.

h. Quantity of the drug dispensed.

i. The number of days' supply of the drug dispensed.

j. Serial or prescription number assigned by the pharmacy.

k. Type of payment for the prescription.

l. Other information identified by the board and advisory council by rule.

2. Information shall be submitted electronically in a secure format specified by the board unless the board has granted a waiver and approved an alternate secure format.

3. Information shall be timely transmitted as designated by the board and advisory council by rule, unless the board grants an extension. The board may grant an extension if either of the following occurs:

a. The pharmacy suffers a mechanical or electronic failure, or cannot meet the deadline established by the board for other reasons beyond the pharmacy's control.

b. The board is unable to receive electronic submissions.

4. This section shall not apply to a prescribing practitioner furnishing, dispensing, supplying, or administering drugs to the prescribing practitioner's patient, or to dispensing by a licensed pharmacy for the purposes of inpatient hospital care, inpatient hospice care, or long-term residential facility patient care.

Iowa Administrative Code (2016)
Agency 657 Pharmacy Board
Chapter 37 Iowa Prescription Monitoring Program

657-37.3(124) Requirements for the PMP.

Each dispenser, unless identified as exempt from reporting pursuant to subrule 37.3(1), shall submit to the PMP administrator a record of each reportable prescription dispensed during a reporting period. A dispenser located outside the state of Iowa, unless identified as exempt from reporting pursuant to subrule 37.3(1), shall submit to the PMP administrator a record of each reportable prescription dispensed during a reporting period to a patient located in Iowa.

37.3(1) Exemptions. The dispensing of a controlled substance as described in this subrule shall not be considered a reportable prescription. A dispenser engaged in the distribution of controlled substances solely pursuant to one or more of the practices identified in paragraphs 37.3(1)"a" or 37.3(1) "b" shall so notify the PMP administrator and shall be exempt from reporting to the PMP.

a. A licensed hospital pharmacy shall not be required to report the dispensing of a controlled substance for the purposes of inpatient hospital care, the dispensing of a prescription for a starter supply of a controlled substance at the time of a patient's discharge from such a facility, or the dispensing of a prescription for a controlled substance in a quantity adequate to treat the patient for a maximum of 72 hours. A hospital pharmacy claiming exemption from reporting pursuant to this paragraph shall certify to the board that the hospital pharmacy dispenses only as provided by this paragraph.

b. A licensed pharmacy shall not be required to report the dispensing of a controlled substance for a patient residing in a long-term care facility or for a patient residing in an inpatient hospice facility. A pharmacy claiming exemption from reporting pursuant to this paragraph shall certify to the board that the pharmacy dispenses only to patients residing in a long-term care facility or to patients residing in an inpatient hospice facility.

c. A prescriber or other authorized person who administers or dispenses a controlled substance, including samples of a controlled substance, for the purposes of outpatient care shall not be required to report such administration or dispensing. This exception shall not apply to a pharmacist who administers a controlled substance, as directed by the prescriber, pursuant to a prescription.

d. A wholesale distributor of a controlled substance shall not be required to report the wholesale distribution of such a substance.

37.3(2) Data elements. The information submitted for each prescription shall include, at a minimum, the following items:

a. Dispenser DEA number.

b. Date the prescription is filled.

c. Prescription number.

d. Indication as to whether the prescription is new or a refill.

e. NDC number for the drug dispensed.

f. Quantity of the drug dispensed.

g. Number of days of drug therapy provided by the drug as dispensed.

h. Patient name.

i. Patient address including street address, city, state, and ZIP code.

j. Patient date of birth.

k. Patient gender.

l. Prescriber DEA number.

m. Date the prescription was issued by the prescriber.

n. Method of payment as either third-party payer or patient cash payment.

37.3(3) Reporting periods. A record of each reportable prescription dispensed shall be submitted by each dispenser at least weekly. Records may be submitted with greater frequency than required by this subrule. Records of reportable prescriptions dispensed between Sunday and Saturday each week shall be submitted no later than the following Wednesday. However, a pharmacy that is currently submitting prescription dispensing records to another state's PMP on an alternative weekly reporting schedule may request authority to submit records to the Iowa PMP pursuant to that established schedule. The request shall be submitted in writing via e-mail, fax, or regular mail to the PMP administrator. The request shall identify the pharmacy by name, address, and Iowa pharmacy license number and shall define the alternative reporting period. The PMP administrator is hereby authorized to accept the pharmacy's alternative weekly reporting schedule.

37.3(4) Transmission methods. Prescription information shall be transmitted using one of the following methods:

a. Data upload to a reporting Web site via a secure Internet connection. The PMP administrator will provide dispensers with initial secure login and password information. Dispensers will be required to register on the reporting Web site prior to initial data upload.

b. Electronic media including CD-ROM, DVD, or diskette, accompanied by a transmittal form identifying the dispenser submitting the electronic media, the number of prescription records included on the media, and the individual submitting the media.

c. If a dispenser does not have an automated record-keeping system capable of producing an electronic report as provided in this rule, the dispenser may submit prescription information on the industry standard universal claim form. The dispenser may complete and submit the claim form on the reporting Web site or, if the dispenser does not have Internet access, the completed paper claim form may be submitted.

d. Chain pharmacies and pharmacies under shared ownership may submit combined data transmissions on behalf of all facilities by utilizing the secure FTP procedure.

37.3(5) Zero reports. If a dispenser has not been identified as exempt from reporting to the PMP and the dispenser did not dispense any reportable prescriptions during a reporting period, the dispenser shall submit a zero report via the established reporting Web site. If such a dispenser does not have Internet access, the dispenser shall notify the PMP administrator via mail or facsimile transmission that the dispenser did not dispense any reportable prescriptions during the reporting period. The schedule identified in subrule 37.3(3) shall determine timely submission of zero reports.

Chapter 24 Pharmacy Internet Sites

657-24.3(155A) General requirements for Internet pharmacy.

A pharmacy operating within or outside Iowa shall not provide any prescription product to any patient within Iowa through an Internet site or e-mail unless the pharmacy is in compliance with the provisions of this chapter.

24.3(1) Pharmacy license. A pharmacy, prior to providing any prescription drug, including any controlled substance, to any patient within Iowa, shall apply for, obtain, and maintain a pharmacy license pursuant to the provisions of rule 657—8.35(155A).

24.3(2) Pharmacist license. A pharmacist practicing in a pharmacy that provides any prescription drug, including any controlled substance, to any patient within Iowa shall be licensed by the pharmacist licensing authority in the state wherein the pharmacist practices.

24.3(3) Iowa PMP. A pharmacy, wherever located, that provides any controlled substance included in Schedules II through IV of Iowa Code chapter 124 to any patient within Iowa, unless the pharmacy is exempt from reporting pursuant to 657—subrule 37.3(1), shall report those dispensed prescriptions to the Iowa PMP as provided in rule 657—37.3(124).

24.3(4) VIPPS accreditation. An Internet pharmacy that provides any prescription drugs, including controlled substances, to any patient within Iowa shall obtain and maintain VIPPS accreditation and shall include evidence of such VIPPS accreditation on any Internet site identifying the pharmacy as provided in rule 657—24.7(155A).

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Kansas
§ 65-1683
§ 65-1682
ADC 68-21-2
ADC 68-21-3

West's Kansas Statutes Annotated (2016)
Chapter 65. Public Health
Article 16. Regulation of Pharmacists

§ 65-1683. Same; required information to be submitted by dispenser; rules and regulations; waiver; acceptance of gifts and grants

(a) The board shall establish and maintain a prescription monitoring program for the monitoring of scheduled substances and drugs of concern dispensed in this state or dispensed to an address in this state.

(b) Each dispenser shall submit to the board by electronic means information required by the board regarding each prescription dispensed for a substance included under subsection (a). The board shall promulgate rules and regulations specifying the nationally recognized telecommunications format to be used for submission of information that each dispenser shall submit to the board. Such information may include, but not be limited to:

(1) The dispenser identification number;

(2) the date the prescription is filled;

(3) the prescription number;

(4) whether the prescription is new or is a refill;

(5) the national drug code for the drug dispensed;

(6) the quantity dispensed;

(7) the number of days' supply of the drug;

(8) the patient identification number;

(9) the patient's name;

(10) the patient's address;

(11) the patient's date of birth;

(12) the prescriber identification number;

(13) the date the prescription was issued by the prescriber; and

(14) the source of payment for the prescription.

(c) The board shall promulgate rules and regulations specifying the transmission methods and frequency of the dispenser submissions required under subsection (b).

(d) The board may issue a waiver to a dispenser that is unable to submit prescription information by electronic means. Such waiver may permit the dispenser to submit prescription information by paper form or other means, provided that all information required by rules and regulations is submitted in this alternative format.

(e) The board is hereby authorized to apply for and to accept grants and may accept any donation, gift or bequest made to the board for furthering any phase of the prescription monitoring program.

(f) The board shall remit all moneys received by it under subsection (e) to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of such remittance, the state treasurer shall deposit the entire amount in the state treasury to the credit of the non-federal gifts and grants fund. All expenditures from such fund shall be made in accordance with appropriation acts upon warrants of the director of accounts and reports issued pursuant to vouchers approved by the president of the board or a person designated by the president.

West's Kansas Statutes Annotated (2016)
Chapter 65. Public Health
Article 16. Regulation of Pharmacists

§ 65-1682. Same; definitions

As used in this act, unless the context otherwise requires:

. . .

(b) "Dispenser" means a practitioner or pharmacist who delivers a scheduled substance or drug of concern to an ultimate user, but does not include:

(1) A licensed hospital pharmacy that distributes such substances for the purpose of inpatient hospital care;

(2) a medical care facility as defined in K.S.A. 65-425, and amendments thereto, practitioner or other authorized person who administers such a substance;

(3) a registered wholesale distributor of such substances;

(4) a veterinarian licensed by the Kansas board of veterinary examiners who dispenses or prescribes a scheduled substance or drug of concern; or

(5) a practitioner who has been exempted from the reporting requirements of this act in rules and regulations promulgated by the board.

. . .

(f) "Practitioner" means a person licensed to practice medicine and surgery, dentist, podiatrist, optometrist or other person authorized by law to prescribe or dispense scheduled substances and drugs of concern.

. . .

Kansas Administrative Regulations (2016)
Agency 68. Board of Pharmacy
Article 21. Prescription Monitoring Program

68-21-2 Electronic reports.

(a) Each dispenser shall file a report with the board for schedule II through IV drugs and any drugs of concern dispensed in this state or to an address in this state. On and after January 1, 2013, this report shall be submitted within 24 hours of the time that the substance is dispensed, unless the board grants an extension as specified in subsection (d). Before January 1, 2013, each dispenser shall submit the report within seven days of dispensing the substance. Each dispenser that does not dispense schedule II through IV drugs or any drugs of concern in this state or to an address in this state during the reporting periods specified in this subsection shall file a zero report with the board.

(b) In addition to the requirements of K.S.A. 65-1683 and amendments thereto, each dispenser shall submit the prescriber's name, the patient's telephone number, and the number of refills for the dispensed drug on the report to the board. As an alternative to reporting the dispenser identification number, any dispenser may report the pharmacy DEA number.

(c) Except as specified in K.A.R. 68-21-3, the report shall be submitted by secure file transfer protocol in the electronic format established by the American society for automation in pharmacy, dated no earlier than 2007, version 4, release 1.

(d) An extension may be granted by the board to a dispenser for the submission of a report if both of the following conditions are met:

(1)(A) The dispenser suffers a mechanical or electronic failure; or

(B) the dispenser cannot meet the deadline established by subsection (a) because of circumstances beyond the dispenser's control.

(2) The dispenser files a written application for extension on a form provided by the board within 24 hours of discovery of the circumstances necessitating the extension request or on the next day the board's administrative office is open for business.

(e) An extension for the filing of a report shall be granted to a dispenser if the board is unable to receive electronic reports submitted by the dispenser.

(f) Each dispenser that is registered or licensed to dispense schedule II through IV drugs or any drugs of concern in this state or to an address in this state but does not dispense any of these drugs shall notify the board in writing that the dispenser will not be reporting to the board. If the dispenser begins dispensing schedule II through IV drugs or any drugs of concern in this state or to an address in this state, the dispenser shall notify the board of this fact and shall begin submitting reports to the board pursuant to this regulation.

Kansas Administrative Regulations (2016)
Agency 68. Board of Pharmacy
Article 21. Prescription Monitoring Program

68-21-3 Waivers for electronic reports.

(a) A waiver may be granted by the board to a dispenser who does not have an automated recordkeeping system capable of producing an electronic report as specified in K.A.R. 68-21-2(c) if the following conditions are met:

(1) The dispenser files a written application for a waiver on a form provided by the board.

(2) The dispenser agrees in writing to immediately begin filing a paper report on a form provided by the board for each drug of concern and each schedule II through IV drug dispensed in this state or dispensed to an address in this state.

(b) A waiver may be granted by the board to a dispenser who has an automated recordkeeping system capable of producing an electronic report as specified in K.A.R. 68-21-2(c) if both of the following conditions are met:

(1) The dispenser files a written application for a waiver on a form provided by the board.

(2)(A) A substantial hardship is created by natural disaster or other emergency beyond the dispenser's control; or

(B) the dispenser is dispensing in a controlled research project approved by a regionally accredited institution of higher education.

(c) If a medical care facility dispenses an interim supply of a drug of concern or a schedule II through IV drug to an outpatient on an emergency basis when a prescription cannot be filled as authorized by K.A.R. 68-7-11, that facility shall be exempt from the reporting requirements. The interim quantity shall not exceed a 48-hour supply and, as described in K.A.R. 68-7-11(d)(2)(B), shall be limited to an amount sufficient to supply the outpatient's needs until a prescription can be filled.

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Kentucky
§ 218A.202
902 ADC 55:110

Baldwin's Kentucky Revised Statutes Annotated (2016)
Title XVIII. Public Health
Chapter 218A. Controlled Substances

§ 218A.202 Electronic system for monitoring controlled substances; required registration and reporting; penalty for illegal use of system; pilot or continuing project; continuing education programs; reports of failure to comply with section; administrative regulations

(1) The Cabinet for Health and Family Services shall establish an electronic system for monitoring Schedules II, III, IV, and V controlled substances that are dispensed within the Commonwealth by a practitioner or pharmacist or dispensed to an address within the Commonwealth by a pharmacy that has obtained a license, permit, or other authorization to operate from the Kentucky Board of Pharmacy. The cabinet may contract for the design, upgrade, or operation of this system if the contract preserves all of the rights, privileges, and protections guaranteed to Kentucky citizens under this chapter and the contract requires that all other aspects of the system be operated in conformity with the requirements of this or any other applicable state or federal law.

(2) A practitioner or a pharmacist authorized to prescribe or dispense controlled substances to humans shall register with the cabinet to use the system provided for in this section and shall maintain such registration continuously during the practitioner's or pharmacist's term of licensure and shall not have to pay a fee or tax specifically dedicated to the operation of the system.

(3) Every dispenser within the Commonwealth who is licensed, permitted, or otherwise authorized to prescribe or dispense a controlled substance to a person in Kentucky shall report to the Cabinet for Health and Family Services the data required by this section, except that reporting shall not be required for:

(a) A drug administered directly to a patient in a hospital, a resident of a health care facility licensed under KRS Chapter 216B, a resident of a child-caring facility as defined by KRS 199.011, or an individual in a jail, correctional facility, or juvenile detention facility;

(b) A drug, other than any Schedule II controlled substance or a Schedule III controlled substance containing hydrocodone, dispensed by a practitioner at a facility licensed by the cabinet, provided that the quantity dispensed is limited to an amount adequate to treat the patient for a maximum of forty-eight (48) hours; or

(c) A drug administered or dispensed to a research subject enrolled in a research protocol approved by an institutional review board that has an active federalwide assurance

number from the United States Department of Health and Human Services, Office for Human Research Protections, where the research involves single, double, or triple blind drug administration or is additionally covered by a certificate of confidentiality from the National Institutes of Health.

(4) Data for each controlled substance that is dispensed shall include but not be limited to the following:

(a) Patient identifier;

(b) National drug code of the drug dispensed;

(c) Date of dispensing;

(d) Quantity dispensed;

(e) Prescriber; and

(f) Dispenser.

(5) The data shall be provided in the electronic format specified by the Cabinet for Health and Family Services unless a waiver has been granted by the cabinet to an individual dispenser. The cabinet shall establish acceptable error tolerance rates for data. Dispensers shall ensure that reports fall within these tolerances. Incomplete or inaccurate data shall be corrected upon notification by the cabinet if the dispenser exceeds these error tolerance rates.

. . .

Kentucky Administrative Regulations (2016)
Title 902. Cabinet for Health and Family Services Department for Public Health
Chapter 55. Controlled Substances

902 KAR 55:110. Monitoring system for prescription controlled substances

Section 1. Definitions.

. . .

(3) "Dispenser" is defined by KRS 218A.010(9), and shall:

(a) Include a dispenser who has a DEA (Drug Enforcement Administration) number or is a pharmacist who owns or is employed by a facility that operates a pharmacy which has a DEA number; and

(b) Not include an individual licensed to practice veterinary medicine under KRS Chapter 321.

(4) "Health facility" is defined by KRS 216B.015(13).

. . .

(7) "Practitioner" is defined by KRS 218A.010(33).

. . .

Section 2. Data Reporting. (1) A dispenser or a health facility that has a DEA number shall report all dispensed Schedule II, III, IV, or V controlled substances, except during the circumstances specified in KRS 218A.202(3)(a) and (b).

(2) A dispenser of a Schedule II, III, IV, or V controlled substance shall transmit or provide the following data to the cabinet or the cabinet's agent:

(a) Patient identifier;

(b) National drug code of the drug dispensed;

(c) Metric quantity of the drug dispensed;

(d) Date of dispensing;

(e) Estimated day's supply dispensed;

(f) Drug Enforcement Administration registration number of the prescriber;

(g) Serial number assigned by the dispenser; and

(h) The Drug Enforcement Administration registration number of the dispenser.

. . .

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Louisiana
§ 40:1006 (eff. until July 31, 2016)
§ 40:1006 (eff. August 1, 2016)
§ 40:1003
ADC Title 46, Part LIII, § 2911
ADC Title 46, Part XLV, § 6506

West's Louisiana Statutes Annotated (2016)
Louisiana Revised Statutes
Title 40. Public Health and Safety
Chapter 4. Food and Drugs
Part X-A. Prescription Monitoring Program

§ 1006. Reporting of prescription monitoring information

<Text of Section Effective until July 31, 2016>

A. Each dispenser shall submit to the board information regarding each prescription dispensed for a controlled substance or drug monitored by the program. The information submitted for each prescription shall include, at a minimum, data relative to the identification of the following elements of the transaction:

(1) Prescriber information.

(2) Patient information.

(3) Prescription information.

(4) Controlled substance or drug information.

(5) Dispenser information.

B. Each dispenser shall submit the required information in accordance with transmission methods and frequency established by the board. Each eligible prescription transaction shall be reported no later than the next business day after the date of dispensing.

C. The board may issue a waiver to a dispenser who is unable to submit prescription information by electronic means. The waiver shall state the format and frequency with which the dispenser shall submit the required information. The board may issue an exemption from the reporting requirement to a dispenser whose practice activities are inconsistent with the intent of the program. The board may rescind any previously issued exemption without the need for an informal or formal hearing.

D. Any person or entity required to report information concerning prescriptions to the board or to its designated agent pursuant to the requirements of this Part shall not be liable to any person or entity for any claim of damages as a result of the act of reporting the information and no lawsuit may be predicated thereon. Any person or entity who submits report information in good faith containing prescription information that is not the subject of the PMP shall not be liable to any person or entity for any claim of damages and no lawsuit may be predicated thereon.

E. The Prescription Monitoring Program's agents, a dispenser, or a prescriber may report suspected violations of this Section or violations of any law to any local, state, out-of-state, or federal law enforcement agency, or the appropriate prosecutorial agency for further investigation or prosecution.

F. No agent, dispenser, or prescriber who in good faith reports suspected violations as provided for in Subsection E of this Section shall be liable to any person or entity for any claim of damages as a result of the act of reporting the information, and no lawsuit may be predicated thereon.

West's Louisiana Statutes Annotated (2016)
Louisiana Revised Statutes
Title 40. Public Health and Safety
Chapter 4. Food and Drugs
Part X-a. Prescription Monitoring Program

§ 1006. Reporting of prescription monitoring information

<Text of Section Effective August 1, 2016>

A. Each dispenser shall submit to the board information regarding each prescription dispensed for a controlled substance or drug monitored by the program. The information submitted for each prescription shall include, at a minimum, data relative to the identification of the following elements of the transaction:

(1) Prescriber information.

(2) Patient information.

(3) Prescription information.

(4) Controlled substance or drug information.

(5) Dispenser information.

B. Each dispenser shall submit the required information in accordance with transmission methods and frequency established by the board. Each eligible prescription transaction shall be reported no later than the next business day after the date of dispensing.

C. The board may issue a waiver to a dispenser who is unable to submit prescription information by electronic means. The waiver shall state the format and frequency with which the dispenser shall submit the required information. The board may issue an exemption from the reporting requirement to a dispenser whose practice activities are inconsistent with the intent of the program. The board may rescind any previously issued exemption without the need for an informal or formal hearing.

D. Any person or entity required to report information concerning prescriptions to the board or to its designated agent pursuant to the requirements of this Part shall not be liable to any person or entity for any claim of damages as a result of the act of reporting the information and no lawsuit may be predicated thereon. Any person or entity who submits report information in good faith containing prescription information that is not the subject of the PMP shall not be liable to any person or entity for any claim of damages and no lawsuit may be predicated thereon.

E. The Prescription Monitoring Program's agents, a dispenser, or a prescriber may report suspected violations of this Section or violations of any law to any local, state, out-of-state, or federal law enforcement agency, or the appropriate prosecutorial agency for further investigation or prosecution.

F. No agent, dispenser, or prescriber who in good faith reports suspected violations as provided for in Subsection E of this Section shall be liable to any person or entity for any claim of damages as a result of the act of reporting the information, and no lawsuit may be predicated thereon.

G. The board shall establish by rulemaking standards for the retention, archiving, and destruction of prescription monitoring information.

West's Louisiana Statutes Annotated (2016)
Louisiana Revised Statutes
Title 40. Public Health and Safety
Chapter 4. Food and Drugs
Part X-A. Prescription Monitoring Program

§ 1003. Definitions

As used in this Part, the following terms shall have the meaning ascribed to them unless the context clearly indicates otherwise:

. . .

(5) "Dispense" or "dispensing" means the interpretation, evaluation, and implementation of a prescription drug order, including the preparation and delivery of a drug or device to a patient or patient's agent in a suitable container appropriately labeled for subsequent administration to, or use by, a patient.

(6) "Dispenser" means a person authorized by this state to dispense or distribute to the ultimate user any controlled substance or drug monitored by the program, but shall not include any of the following:

(a) A pharmacy permitted by the board as a hospital pharmacy that dispenses or distributes any controlled substance or drug monitored by the program for the purposes of inpatient hospital care.

(b) A practitioner who dispenses or distributes no more than a single forty-eight-hour supply of such controlled substance or drug to a patient prior to or subsequent to performing an actual procedure on that patient.
(c) A practitioner or other authorized person who administers such controlled substance or drug upon the lawful order of a practitioner.

(d) A wholesale distributor of such controlled substance or drug that is credentialed by the Louisiana State Board of Wholesale Drug Distributors.

(e) Repealed by Acts 2013, No. 27, § 2, eff. May 23, 2013.

. . .

Louisiana Administrative Code (2016)
Title 46. Professional and Occupational Standards
Part LIII. Pharmacists
Chapter 29. Prescription Monitoring Program
Subchapter B. Data Collection

§ 2911. Reporting of Prescription Monitoring Information

A. Each dispenser shall submit to the board information regarding each prescription dispensed for a controlled substance.

B. Each dispenser shall submit the required information by electronic means no later than the next business day after the date of dispensing.

C. If the dispenser is unable to submit prescription information by electronic means, he may apply to the board for a waiver. The board may grant a waiver to that requirement; if so, the waiver shall state the format and frequency with which the dispenser shall submit

the required information. The waiver shall expire one year after the date of issue, unless terminated sooner by the board.

Louisiana Administrative Code (2016)
Title 46. Professional and Occupational Standards
Part XLV. Medical Professions
Subpart 3. Practice
Chapter 65. Dispensation of Medications
Subchapter B. Prohibitions, Sanctions and Exceptions

§ 6506. Exceptions

A. Notwithstanding §6505.E of this Subchapter, a registrant may dispense up to a single 48 hour supply of a single controlled substance or drug of concern to a patient.

B. The prohibition contained in §6505.E of this Subchapter shall not apply to a registrant:

1. practicing in a facility maintained or operated by the state of Louisiana or a governmental entity of this state;

2. practicing in a clinic maintained or operated by the United States or by any of its departments, offices or agencies;

3. practicing in a substance abuse or addiction treatment facility licensed by the Louisiana Department of Health and Hospitals; or

4. engaged in clinical research or investigational studies regulated by the U.S. Food and Drug Administration, in compliance with all applicable state and federal laws, rules and regulations.

C. Upon written application by a physician to the board made in accordance with this Subsection the board may, with respect to an identified individual patient:

1. authorize a physician to depart from the dispensing limitation prescribed by §6506.A of this Subchapter. Such application shall contain:

a. a statement by the physician of the specific manner in which the physician proposes to deviate from the provisions of this Subchapter respecting the dispensing limitation on controlled substances and drugs of concern, together with a statement by the physician of the medical facts and circumstances deemed by the physician to justify such departure; and

b. such other information and documentation as the board may request;

2. the board may deny, grant, or grant in part any application for exception in an individual case made under this Section. The board's action on any such application shall be stated in writing and

shall specify the manner and extent to which the physician shall be authorized to depart from the provisions of §6506.A of this Sub-chapter and the period of time during which such authorized exception shall be effective. A physician who makes application to the board under this Section shall not deviate from the prohibitions, conditions, and limitations provided in §6506.A of this Subchapter except following receipt of written authorization from the board or other than pursuant to the specifications and limitations of such authorization.

D. Notwithstanding §6505.E of this Subchapter, a registrant may dispense up to a single seven day supply of a non-narcotic, non-anorectic schedule V controlled substance for the purpose of assessing a therapeutic response when prescribed according to indications approved by the United States Food and Drug Administration and:

1. the medication is prepackaged by the original manufacturer;

2. the prepackaged medication is provided at no cost to a dispensing physician for dispensation to a patient at no cost to the patient; and

3. the dispensing physician submits all required information regarding each dispensation to the Louisiana Board of Pharmacy in accordance with the Prescription Monitoring Program Act, R.S. 40:1001 et seq.

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Maine
22 § 7249 (eff. until July 28, 2016)
22 § 7249 (eff. July 29, 2016)
22 § 7246 (eff. until July 28, 2016)
22 § 7246 (eff. July 29, 2016)
ADC 14-118, Ch. 11, § 5

Maine Revised Statutes Annotated (2016)
Title 22. Health and Welfare
Subtitle 4. Human Services
Part 3. Drug Abuse
Chapter 1603. Controlled Substances Prescription Monitoring

§ 7249. Reporting of prescription monitoring information

<Text of Section Effective until July 28, 2016>

1. Information required. Each dispenser shall submit to the department, by electronic means or other format specified in a waiver granted by the department, specific items of information regarding dispensed controlled substances determined by the office from the following list:

A. The dispenser identification number;

B. The date the prescription was filled;

C. The prescription number;

D. Whether the prescription is new or is a refill;

E. The National Drug Code (NDC) for the drug dispensed;

F. The quantity dispensed;

G. The dosage;

H. The patient identification number;

I. The patient name;

J. The patient address;

K. The patient date of birth;

L. The prescriber identification number;

M. The date the prescription was issued by the prescriber; and

N. The department-issued serial number if the department chooses to establish a serial prescription system.

2. Frequency. Each dispenser shall submit the information required under subsection 1 as frequently as specified by the department.

3. Waiver. The department may grant a waiver of the electronic submission requirement under subsection 1 to any dispenser for good cause, including financial hardship, as determined by the department. The waiver must state the format and frequency with which the dispenser is required to submit the required information.

4. Immunity from liability. A dispenser is immune from liability for disclosure of information if the disclosure was made pursuant to and in accordance with this chapter.

5. Repealed. Laws 2013, c. 587, § 1, eff. April 30, 2014.

Maine Revised Statutes Annotated (2016)
Title 22. Health and Welfare
Subtitle 4. Human Services
Part 3. Drug Abuse
Chapter 1603. Controlled Substances Prescription Monitoring

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<Text of Section Effective July 29, 2016>

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C. The prescription number;

D. Whether the prescription is new or is a refill;

E. The National Drug Code (NDC) for the drug dispensed;

F. The quantity dispensed;

G. The dosage;

H. The patient identification number;

I. The patient name;

J. The patient address;

K. The patient date of birth;

L. The prescriber identification number;

M. The date the prescription was issued by the prescriber; and

N. The department-issued serial number if the department chooses to establish a serial prescription system.

2. Frequency. Each dispenser shall submit the information required under subsection 1 as frequently as specified by the department.

3. Waiver. The department may grant a waiver of the electronic submission requirement under subsection 1 to any dispenser for good cause, including financial hardship, as determined by the department. The waiver must state the format and frequency with which the dispenser is required to submit the required information.

4. Immunity from liability. A dispenser or prescriber is immune from liability for disclosure of information if the disclosure was made pursuant to and in accordance with this chapter.

5. Repealed. Laws 2013, c. 587, § 1, eff. April 30, 2014.

Maine Revised Statutes Annotated (2016)
Title 22. Health and Welfare
Subtitle 4. Human Services
Part 3. Drug Abuse
Chapter 1603. Controlled Substances Prescription Monitoring

§ 7246. Definitions

<Text of Section Effective until July 28, 2016>

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings.

. . .

2. Dispenser. "Dispenser" means a pharmacist who is licensed or registered under Title 32 or a licensed health care professional with authority to dispense or administer prescription drugs.

. . .

Maine Revised Statutes Annotated (2016)
Title 22. Health and Welfare
Subtitle 4. Human Services
Part 3. Drug Abuse
Chapter 1603. Controlled Substances Prescription Monitoring

§ 7246. Definitions

<Text of Section Effective July 29, 2016>

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings.

. . .

2. Dispenser. "Dispenser" means a pharmacist who is licensed or registered under Title 32 or a licensed health care professional with authority to dispense or administer prescription drugs.

. . .

Code of Maine Rules (2016)
14. Department of Human Services - General
118. Community Services Programs (Office of Substance Abuse)
Chapter 11. Rules Governing The Controlled Substances Prescription Monitoring Program

Sec. 5. Requirements for Dispensers

1. Dispensers must acquire and maintain an identification number issued to dispensing pharmacies by the National Council for Prescription Drug Programs ("NCPDP"), or request that an alternative number be assigned to them by the Monitor or the Office.
2. Dispensers must provide the information required by 22 MRSA §7249(1) as follows:

A. electronically;

B. in the form required by the Office;

C. to the monitor; and

D. within seven (7) days of the controlled substance being dispensed.

E. The required information is

• The dispenser identification number;

• The date the prescription was filled;

• The prescription number;

• Whether the prescription is new or is a refill;

• The National Drug Code (NDC) for the drug dispensed;

• The quantity dispensed;

• The dosage;

• The patient identification number;

• The patient name;

• The patient address;

• The patient date of birth;

• The prescriber identification number; and

• The date the prescription was issued by the prescriber.

3. A dispenser is immune from liability for disclosure of the above information made pursuant to 22 MRSA §7249 (4).

4. Dispensers must correct their own records and submit corrected copies of these records to the Program whenever they become aware of errors or omissions.

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Maryland

Health-General § 21-2A-03 (eff. until Sept. 30, 2016)
Health-General § 21-2A-03 (eff. Oct. 1, 2016)
Health-General § 21-2A-01 (eff. until Sept. 30, 2016)
Health-General § 21-2A-01 (eff. Oct. 1, 2016)
ADC 10.47.07.03

West's Annotated Code of Maryland (2016)
Health--General
Title 21. Food, Drugs, and Cosmetics
Subtitle 2a. Prescription Drug Monitoring Program

§ 21-2A-03. Powers and duties of Secretary

<Text of Section Effective until September 30, 2016>

Implementation of Program by Department

(a) The Department shall implement the Program, subject to the availability of funds.

Operation of Program

(b) The Secretary may:

(1) Assign responsibility for the operation of the Program to any unit in the Department; and

(2) Contract with any qualified person for the efficient and economical operation of the Program.

Submission of prescription monitoring data

(c) Except as provided in subsection (d) of this section, each dispenser shall submit prescription monitoring data to the Program by electronic means, in accordance with regulations adopted by the Secretary.

Alternative forms of submission

(d) The Secretary, for good cause shown, may authorize a dispenser to submit prescription monitoring data by an alternative form of submission.

Technology in support of Program

(e) The Secretary, in consultation with the Maryland Health Care Commission and the Board, shall:

(1) Determine the appropriate technology to support the operation of the Program; and

(2) Educate dispensers, prescribers, and consumers about the purpose and operation of the Program.

Pharmacies dispensing medications to hospice patients

(f)(1) The Secretary shall grant a waiver to a pharmacy that dispenses medications to an inpatient hospice from reporting to the Program prescription monitoring data for hospice inpatients if:

(i) The pharmacy demonstrates how it will distinguish hospice inpatients from other consumers receiving medications from the pharmacy; and

(ii) The pharmacy agrees that it will be subject to onsite, unannounced inspections by the Department to verify its reporting of the prescription data of consumers who are not hospice inpatients.

(2) A waiver granted under this subsection may remain in effect for up to 2 years.

(3) The Secretary may establish an application process for a pharmacy to apply for a waiver under this subsection.

West's Annotated Code of Maryland (2016)
Health--General
Title 21. Food, Drugs, and Cosmetics
Subtitle 2a. Prescription Drug Monitoring Program

§ 21-2A-03. Powers and duties of Secretary

<Text of Section Effective October 1, 2016>

Implementation of Program by Department

(a) The Department shall implement the Program, subject to the availability of funds.

Operation of Program

(b) The Secretary may:

(1) Assign responsibility for the operation of the Program to any unit in the Department;

(2) Contract with any qualified person for the efficient and economical operation of the Program; and

(3) Identify and publish a list of monitored prescription drugs that have a low potential for abuse by individuals.

Submission of prescription monitoring data

(c) Except as provided in subsection (d) of this section, each dispenser shall submit prescription monitoring data to the Program by electronic means, in accordance with regulations adopted by the Secretary.

Alternative forms of submission

(d) The Secretary, for good cause shown, may authorize a dispenser to submit prescription monitoring data by an alternative form of submission.

Technology in support of Program

(e) The Secretary, in consultation with the Maryland Health Care Commission and the Board, shall:

(1) Determine the appropriate technology to support the operation of the Program; and

(2) Educate dispensers, prescribers, pharmacists, prescriber delegates, pharmacist delegates, and consumers about the purpose and operation of the Program.

Pharmacies dispensing medications to hospice patients

(f)(1) The Secretary shall grant a waiver to a pharmacy that dispenses medications to an inpatient hospice from reporting to the Program prescription monitoring data for hospice inpatients if:

(i) The pharmacy demonstrates how it will distinguish hospice inpatients from other consumers receiving medications from the pharmacy; and

(ii) The pharmacy agrees that it will be subject to onsite, unannounced inspections by the Department to verify its reporting of the prescription data of consumers who are not hospice inpatients.

(2) A waiver granted under this subsection may remain in effect for up to 2 years.

(3) The Secretary may establish an application process for a pharmacy to apply for a waiver under this subsection.

West's Annotated Code of Maryland (2016)
Health--General
Title 21. Food, Drugs, and Cosmetics

Subtitle 2a. Prescription Drug Monitoring Program

§ 21-2A-01. Definitions

<Text of Section Effective until September 30, 2016>

In general

(a) In this subtitle the following words have the meanings indicated.

. . .

Dispenser

(d)(1) "Dispenser" means a person authorized by law to dispense a monitored prescription drug to a patient or the patient's agent in the State.

(2) "Dispenser" includes a nonresident pharmacy.

(3) "Dispenser" does not include:

(i) A licensed hospital pharmacy that only dispenses a monitored prescription drug for direct administration to an inpatient of the hospital;

(ii) An opioid maintenance program;

(iii) A veterinarian licensed under Title 2, Subtitle 3 of the Agriculture Article when prescribing controlled substances for animals in the usual course of providing professional services;

(iv) A pharmacy issued a waiver permit under COMAR 10.34.17.03 that provides pharmaceutical specialty services exclusively to persons living in assisted living facilities, comprehensive care facilities, and developmental disabilities facilities; and

(v) A pharmacy that:

1. Dispenses medications to an inpatient hospice; and

2. Has been granted a waiver under § 21-2A-03(f) of this subtitle.

. . .

West's Annotated Code of Maryland (2016)
Health--General
Title 21. Food, Drugs, and Cosmetics
Subtitle 2a. Prescription Drug Monitoring Program

§ 21-2A-01. Definitions

<Text of Section Effective October 1, 2016>

In general

(a) In this subtitle the following words have the meanings indicated.

. . .

Dispenser

(d)(1) "Dispenser" means a person authorized by law to dispense a monitored prescription drug to a patient or the patient's agent in the State.

(2) "Dispenser" includes a nonresident pharmacy.

(3) "Dispenser" does not include:

(i) A licensed hospital pharmacy that only dispenses a monitored prescription drug for direct administration to an inpatient of the hospital;

(ii) An opioid treatment services program;

(iii) A veterinarian licensed under Title 2, Subtitle 3 of the Agriculture Article when prescribing controlled substances for animals in the usual course of providing professional services;

(iv) A pharmacy issued a waiver permit under COMAR 10.34.17.03 that provides pharmaceutical specialty services exclusively to persons living in assisted living facilities, comprehensive care facilities, and developmental disabilities facilities; and

(v) A pharmacy that:

1. Dispenses medications to an inpatient hospice; and

2. Has been granted a waiver under § 21-2A-03(f) of this subtitle.

. . .

Code of Maryland Regulations (2016)
Title 10. Department of Health and Mental Hygiene
Subtitle 47. Alcohol and Drug Abuse Administration
Chapter 07. Prescription Drug Monitoring Program

.03 Dispenser Reporting.

A. For each monitored prescription drug dispensed, the dispenser shall report the following prescription monitoring data to the Department:

(1) Identifying information for the prescription issued and drug dispensed, including:

(a) Prescription number;

(b) Date prescription was issued;

(c) Date prescription was filled;

(d) Whether the prescription was new or a refill;

(e) Number of refills ordered;

(f) Sources of payment;

(g) National Drug Code for dispensed drug;

(h) Metric quantity of drug dispensed; and

(i) Days' supply of drug dispensed;

(2) Identifying information for the patient, including:

(a) Last name;

(b) First name;

(c) Date of birth;

(d) Sex;

(e) Telephone number, if the patient has one;

(f) Address, including residential house or building number, apartment number, street name, state, and zip code; and
(g) A patient identification number, which may include:

(i) A state-issued driver's license or identification card number;

(ii) An insurance or third-party payer identification number;

(iii) A passport identification number;

(iv) An employer-issued identification card number;

(v) A student identification card number;

(vi) A United States Permanent Resident Card identification number; or

(vii) A patient or customer identification number generated by the dispenser's record management system;

(3) Identifying information for the prescriber, including:

(a) A valid Drug Enforcement Administration registration number; and

(b) Last name; and

(4) Identifying information for the dispenser, including a valid Drug Enforcement Administration registration number.

B. Reporting Deadline.

(1) A dispenser shall report prescription monitoring data to the Department no later than 3 business days after dispensing a monitored prescription drug.

(2) A dispenser that suffers a mechanical, electrical, or other technical failure that, as a direct consequence, precludes the dispenser's ability to report prescription monitoring data electronically shall:

(a) Notify the Department, by a communications method approved by the Department, within 24 hours of discovery of the technical failure; and

(b) Submit a report for each monitored prescription drug dispensed during the period of technical failure as soon as possible, but no later than 3 business days following reestablishment of the means of electronic reporting.

C. Waiver from Reporting Deadline.

(1) At the Secretary's discretion, a dispenser may be granted a waiver from B of this regulation, provided that the dispenser's waiver request:

(a) Is submitted on a form or in a method approved by the Department;

(b) Is particular to a unique problem, incident or other issue that prevents the dispenser from meeting the reporting deadline; and

(c) Describes in detail and includes any available documentation of the specific circumstances that prevent the dispenser from meeting the reporting deadline.

(2) A dispenser that receives a waiver shall comply with all the terms and conditions enumerated therein, including any new reporting deadline required.

D. Means of Data Submission and Data Format. Prescription monitoring data shall be transmitted to the Department or its agent:

(1) In accordance with any procedures and guidelines established or approved by the Department, including by use of an encrypted electronic transmission method or a secure electronic reporting form; and

(2) In a format or utilizing a data standard approved by the Department.

E. Reporting of Incomplete or Inaccurate Data. Data not accepted by the Department or its agent due to inaccuracy or incompleteness shall be corrected and resubmitted to the Department no later than 3 business days after receiving notification from the Department of receipt of incomplete or inaccurate data.

F. Reporting Exemptions. The following shall be exempt from reporting prescription monitoring data to the Program:

(1) A licensed hospital pharmacy that only dispenses a monitored prescription drug for direct administration to an inpatient of the hospital;

(2) An opioid maintenance program;

(3) A veterinarian licensed under Agriculture Article, Title 2, Subtitle 3, Annotated Code of Maryland, when prescribing controlled substances for animals in the usual course of providing professional services;

(4) A pharmacy issued a waiver permit under COMAR 10.34.17.03 that provides pharmaceutical specialty services exclusively to persons living in assisted living facilities, comprehensive care facilities, and developmental disabilities facilities; and

(5) Dispensing to hospice inpatients, provided that the dispensing pharmacy has applied for and been granted a waiver by the Department pursuant to §G of this regulation.

G. Waiver for Dispensing to Hospice Inpatients.

(1) On a form or in a manner approved by the Department, a pharmacy may apply to the Department to be granted a waiver from reporting prescription monitoring data for dispensing of monitored prescription drugs to hospice inpatients, provided that:

(a) The pharmacy demonstrates, through written application, live demonstration, or any other method required by the Department, how it will distinguish dispensing to hospice inpatients from all other dispensing of monitored prescription drugs required to be reported to the Program; and

(b) The pharmacy agrees that it will be subject to unannounced, on-site inspections by the Department to verify its reporting of prescription monitoring data on customers that are not hospice inpatients.

(2) A waiver granted to a pharmacy under this regulation shall remain in effect for 2 years.

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Massachusetts
94C § 24A
94C § 18
247 CMR 5.04
105 CMR 700.012

Massachusetts General Laws Annotated (2016)
Part I. Administration of the Government
Title XV. Regulation of Trade
Chapter 94C. Controlled Substances Act

§ 24A. Electronic monitoring of the prescribing and dispensing of controlled substances and certain additional drugs

(a)(1) The department shall establish and maintain an electronic system to monitor the prescribing and dispensing of all schedule II to V, inclusive, controlled substances and certain additional drugs by all professionals licensed to prescribe or dispense such substances. For the purposes of this section, "additional drugs" shall mean substances determined by the department to carry a bona fide potential for abuse.

(2) The department shall enter into reciprocal agreements with other states that have compatible prescription drug monitoring programs to share prescription drug monitoring information among the states.

(b) The requirements of this section shall not apply to the dispensing of controlled substances to inpatients in a hospital.

<Text of Section (c) Effective October 15, 2016>

(c) For the purposes of monitoring the prescribing and dispensing of all schedule II to V, inclusive, controlled substances and additional drugs, as authorized in subsection (a), the department shall promulgate regulations including, but not limited to, (1) a requirement that each pharmacy that delivers a schedule II to V, inclusive, controlled substance or a substance classified as an additional drug by the department to the ultimate user shall submit to the department, by electronic means, information regarding each prescription dispensed for a drug included under subsection (a); and (2) a requirement that each pharmacy collects and reports, for each prescription dispensed for a drug under subsection (a), a customer identification number and other information associated with the customer identification number, as specified by the department. Each pharmacy shall submit the information in accordance with transmission methods and frequency requirements promulgated by the department; provided, however, that the information shall be submitted at least once every 24 hours. The department may issue a waiver to a pharmacy that is unable to submit prescription information by electronic means. The waiver shall

permit the pharmacy to submit prescription information by other means promulgated by the department; provided, however, that all information required in this section is submitted in this alternative format.

. . .

Massachusetts General Laws Annotated (2016)
Part I. Administration of the Government (Ch. 1-182)
Title XV. Regulation of Trade (Ch. 93-110h)
Chapter 94C. Controlled Substances Act

§ 18. Issuance of prescription by practitioner or physician

. . .

(d ½) A prescription for a narcotic substance contained in Schedule II of section 3 may also be issued by a physician who is licensed to practice medicine and registered in Maine or in a state contiguous with the commonwealth wherein such physician resides or practices, if required, and registered under federal law to write prescriptions. A registered pharmacist filling a prescription under this subsection shall determine, in accordance with professional standards and personal judgment, that such prescription is authentic and valid and shall verify the prescription by telephonic or other means. A pharmacist shall not fill a prescription for which a verification cannot be obtained. A pharmacist shall not be liable for refusing to fill a prescription for which a verification cannot be obtained provided that documented good faith efforts were made to determine the authenticity and validity of such prescription. This subsection shall only apply to authorizations for the filling of prescriptions within the commonwealth, issued within the preceding 5 days, and shall not authorize such practitioner to possess, administer or dispense controlled substances under section 9 or to practice medicine within the commonwealth. Except as provided in Section 18A, a prescription issued under this subsection shall be issued in the manner provided in section 22 and all relevant provisions of this chapter shall apply to any such practitioner and any such prescription. In the case of a prescription for a Schedule II substance filled pursuant to this subsection, a pharmacist shall, within 30 days after filling such prescription, deliver to the department a copy of each such Schedule II prescription; provided, however, that such copy shall not include the name and address of the patient for whom the prescription was issued; and provided further, that such copy and the information contained therein shall not be a public record within the meaning of section 7 of chapter 4 and shall be subject to the restrictions set forth in section 2 of chapter 66A. Nothing in this section shall authorize a mail-order pharmacy.

Nothing in this subsection shall be interpreted to prohibit a retail pharmacy operating within the commonwealth from filling prescriptions for a narcotic substance contained in schedule II of section 3 to residents of states other than Maine and the states contiguous with the commonwealth, provided, however, that:

. . .

(5) the pharmacy shall comply with all reporting requirements of the state to which the prescription is delivered including, but not limited to, enrollment in and adherence to the rules, regulations and requirements of the state's prescription monitoring program or any program equivalent thereto, where applicable; and

. . .

Code of Massachusetts Regulations (2016)
Title 247: Board of Registration in Pharmacy
Chapter 5.00: Orally and Electronically Transmitted Prescriptions; Prescription Monitoring Program (Pmp) Reporting Requirements

5.04: Reporting Requirements to the Prescription Monitoring Program (PMP)

(1) Pharmacy Reporting Requirements (105 CMR 700.012). Every pharmacy registered by the Board and every pharmacy located in a health facility registered with the Commissioner of the Department that dispenses controlled substances in Schedule II pursuant to a prescription shall, in accordance with standards established by the Department, transmit to the Department or its agent, required information for each prescription, in accordance with Prescription Monitoring Program reporting requirements (105 CMR 700.012). Effective January 1, 2011, every pharmacy registered by the Board that dispenses controlled substances in Schedules II-V shall, in accordance with standards established by the Department, transmit to the Department or its agent, required information for each prescription, in accordance with Prescription Monitoring Program reporting requirements (105 CMR 700.012). (M.G.L. c. 94C, § 24A)

(2) Penalties. Failure to comply with the Prescription Monitoring Program reporting requirements set forth in 105 CMR 700.012 and/or any state law or regulation relating to such reporting requirements may result in formal disciplinary action being initiated against the licensed pharmacist and/or the pharmacy by the Board and/or other state and federal law enforcement agencies.

Code of Massachusetts Regulations (2016)
Title 105: Department of Public Health
Chapter 700.000: Implementation of M.G.L. C. 94c

(A) Pharmacy Reporting Requirements.

(1) The reporting requirement of 105 CMR 700.012 shall apply to every pharmacy in a health facility registered with the Commissioner that dispenses a controlled substance pursuant to a prescription in Schedules II through V, or a controlled substance classified by the Department as an additional drug, and to any pharmacy in another state,

commonwealth, district or territory that delivers such a controlled substance to a person in Massachusetts. Such a pharmacy shall, in accordance with standards established by the Commissioner or designee, transmit to the Department or its agent the following information for each such prescription:

(a) pharmacy identifier;

(b) prescription number,

(c) customer identifier, as defined in 105 CMR 700.001;

(d) relationship of customer to patient;

(e) patient name;

(f) patient address;

(g) patient date of birth;

(h) patient gender;

(i) source of payment for prescription;

(j) date prescription written by prescriber;

(k) date the controlled substance is dispensed;

(1) identifier of controlled substance dispensed;

(m) metric quantity of controlled substance dispensed;

(n) estimated days supply of controlled substance dispensed;

(o) refill information; and

(p) prescriber identifier.

(2) 105 CMR 700.012 shall not apply to the dispensing pursuant to a medication order of a controlled substance to an inpatient in a hospital.

(3) A pharmacy that dispenses a controlled substance subject to the requirements in 105 CMR 700.012 must report the customer identifier required by 105 CMR 701.004. A pharmacy may dispense a controlled substance without a customer identifier, provided it meets the requirements of 105 CMR 701.004(B) and provides to the Department those informational fields required by the Department

(4) The Commissioner or designee may waive or modify the requirement in 105 CMR 700.012(A)(1)(c) and/or (d), for a pharmacy to report a customer identifier and/or the relationship of the customer to the patient, for prescription refills, prescription deliveries and/or other activities/situations specified by the Commissioner or designee.

(5) The information required by 105 CMR 700.012 shall be transmitted to the Department or its agent in accordance with any procedures established by the Commissioner or designee by the end of the next business day and shall include data for all controlled substances dispensed since the previous transmission or report or as otherwise specified in guidelines of the Department, by use of encrypted electronic device or electronic transmission method in a format approved by the Commissioner or designee.

(6) If a pharmacy is not able to submit dispensing information by electronic means, the Commissioner or designee may issue a waiver to authorize another means of transmission, provided that all information required in accordance with 105 CMR 700.012(A) is submitted in this alternate format

. . .

(F) Electronic Transmission of Prescription Monitoring Program Information.

(1) The Department may establish means for secure electronic transmission of prescription monitoring program information to facilitate disclosure of such information authorized pursuant to 105 CMR 700.012.

(2) The Department may allow an authorized individual listed in 105 CMR 700.012(D)(2)(a) through (c), or a designee of such individual as approved by the Commissioner or designee, to use the secure electronic transmission system established pursuant to 105 CMR 700.012(F)(1) in accordance with security protocols established by the Commissioner or designee.

(3) Use of the secure electronic transmission system shall be limited to the uses authorized by 105 CMR 700.012.

(4) An authorized end user of the secure electronic transmission system must agree and attest to terms and conditions of use established by the Commissioner or designee.

(5) Failure of an end user to comply with 105 CMR 700.012 may result in revocation of the end user's authorization to use the secure electronic transmission system and may subject

the end user to further sanction pursuant to 105 CMR 700.012(K) or other state law.

. . .

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Michigan
§ 333.7333a
ADC R338.3162b
ADC R338.3162d
ADC R338.3162e

Michigan Compiled Laws Annotated (2016)
Chapter 333. Health
Public Health Code
Article 7. Controlled Substances
Part 73. Manufacture, Distribution, and Dispensing

§ 333.7333a. Dispensing of controlled substances; electronic monitoring system

Sec. 7333a. (1) The department shall establish, by rule, an electronic system for monitoring schedule 2, 3, 4, and 5 controlled substances dispensed in this state by veterinarians, and by pharmacists and dispensing prescribers licensed under part 177 or dispensed to an address in this state by a pharmacy licensed in this state. The rules shall provide an appropriate electronic format for the reporting of data including, but not limited to, patient identifiers, the name of the controlled substance dispensed, date of dispensing, quantity dispensed, prescriber, and dispenser. The department shall require a veterinarian, pharmacist, or dispensing prescriber to utilize the electronic data transmittal process developed by the department or the department's contractor. A veterinarian, pharmacist, or dispensing prescriber shall not be required to pay a new fee dedicated to the operation of the electronic monitoring system and shall not incur any additional costs solely related to the transmission of data to the department. **The rules promulgated under this subsection shall exempt both of the following circumstances from the reporting requirements:**

(a) The administration of a controlled substance directly to a patient.

(b) The dispensing from a health facility or agency licensed under article 17 of a controlled substance by a dispensing prescriber in a quantity adequate to treat a patient for not more than 48 hours.

. . .

Michigan Administrative Code (2016)
Department of Community Health (R 338.3101 through R 338.3199q)
Director's Office
Pharmacy - Controlled Substances
Part 6. Dispensing and Administering Controlled Substance Prescriptions

R 338.3162b Electronic system for monitoring schedules 2, 3, 4, and 5 controlled substances.

Rule 62b. (1) A pharmacist, dispensing prescriber, and veterinarian licensed under Part 177 who dispenses a prescription drug which is a controlled substance listed in schedules 2 to 5 or a pharmacy licensed by the state that dispenses in this state or dispenses to an address in this state a controlled substance listed in schedules 2 to 5 shall report to the department or the department's contractor by means of an electronic data transmittal process the following information for each prescription of a schedules 2 to 5 controlled substance prescription dispensed:

(a) The patient identifier, as defined in R 338.3102(1)(f). The following apply:

(i) An identification number, as specified in R 338.3102(1)(f)(iv)(A) or (B), is not required for patients under the age of 16.

(ii) If the patient is under 16 years of age, zeroes shall be entered as the identification number.

(iii) If the patient is an animal, positive identification of the animal's owner that meets the requirements of R 338.3102(1)(f)(iv).

(b) The name of the controlled substance dispensed.

(c) The metric quantity of the controlled substance dispensed.

(d) The national drug code number (ndc) of the controlled substance dispensed.

(e) The date of issue of the prescription.

(f)The date of dispensing.

(g)The estimated days of supply of the controlled substance dispensed.

(h) The prescription number assigned by the dispenser.

(i)The dea registration number of the prescriber and the dispensing pharmacy.

(j) The Michigan license number of the dispensing pharmacy.

(2) A pharmacist, dispensing prescriber, or veterinarian may presume that the patient identification information provided by a patient or a patient's representative is correct.

Michigan Administrative Code (2016)
Department of Community Health (R 338.3101 through R 338.3199q)
Director's Office
Pharmacy - Controlled Substances
Part 6. Dispensing and Administering Controlled Substance Prescriptions

R 338.3162d Required reporting of prescription data; error reporting.

Rule 62d. (1) A pharmacist, pharmacy, dispensing prescriber, or veterinarian shall report all schedules 2 to 5 controlled substances dispensed.

(2) The data required by R 338.3162b shall be forwarded by on-line transmission, computer diskette, compact disk, or other approved medium, as specified in R 338.3162c to the department or the department's contractor, twice monthly and shall include the data for all controlled substances dispensed since the previous transmission or report. Beginning 180 days after these amendatory rules take effect, the data required by R 338.3162b shall be forwarded to the department or the department's contractor by the end of the next business day and shall include the data for all controlled substances dispensed since the previous transmission or report.

(3) For each pharmacist, pharmacy, dispensing prescriber, or veterinarian who does not have the capacity to forward the information as specified in R 338.3162b, the information shall be mailed or delivered to a location specified by the department or the department's contractor not later than 7 calendar days after the date that the controlled substance has been dispensed, and shall include the data for all controlled substances dispensed since the previous transmission or report.

(4) The department or the department's contractor shall notify a pharmacist, pharmacy, dispensing prescriber, or veterinarian of an error in data reporting. Upon receiving notification of an error in data reporting, a pharmacist, pharmacy, dispensing prescriber, or veterinarian shall take appropriate measures to correct the error and transmit the corrected data to the department or the department's contractor within 7 calendar days of being notified of the error.

(5) A pharmacist, pharmacy, dispensing prescriber, or veterinarian who fails to report the dispensing of a prescription for a controlled substance listed in schedules 2 to 5 as required, beginning on the date that these amendatory rules take effect, shall be subject to the penalty provisions in section 16221, 17741, or 17768 in article 15 of the act.

Department of Community Health (R 338.3101 through R 338.3199q)
Director's Office
Pharmacy - Controlled Substances
Part 6. Dispensing and Administering Controlled Substance Prescriptions

R 338.3162e Exemption from reporting requirements.

Rule 62e. A pharmacist, dispensing prescriber, or veterinarian shall be exempt from the reporting requirements under the following circumstances:

(a) When a controlled substance in schedules 2 to 5 is administered directly to a patient.

(b) When a controlled substance in schedules 2 to 5 is dispensed from a health facility or agency licensed under article 17 of the act by a dispensing prescriber in a quantity adequate to treat a patient for not more than 48 hours.

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Minnesota
§ 152.126 (eff. until July 31, 2016)
§ 152.126 (eff. August 1, 2016)

Minnesota Statutes Annotated (2016)
Health (Ch. 144-159)
Chapter 152. Drugs; Controlled Substances
Prescriptions

§ 152.126. Prescription monitoring program.

<Text of Section Effective until July 31, 2016>

Subdivision 1. Definitions. (a) For purposes of this section, the terms defined in this subdivision have the meanings given.

. . .

(d) "Dispense" or "dispensing" has the meaning given in section 151.01, subdivision 30. Dispensing does not include the direct administering of a controlled substance to a patient by a licensed health care professional.

(e) "Dispenser" means a person authorized by law to dispense a controlled substance, pursuant to a valid prescription. For the purposes of this section, a dispenser does not include a licensed hospital pharmacy that distributes controlled substances for inpatient hospital care or a veterinarian who is dispensing prescriptions under section 156.18.

. . .

Subd. 4. Reporting requirements; notice. (a) Each dispenser must submit the following data to the board or its designated vendor:

(1) name of the prescriber;

(2) national provider identifier of the prescriber;

(3) name of the dispenser;

(4) national provider identifier of the dispenser;

(5) prescription number;

(6) name of the patient for whom the prescription was written;

(7) address of the patient for whom the prescription was written;

(8) date of birth of the patient for whom the prescription was written;

(9) date the prescription was written;

(10) date the prescription was filled;

(11) name and strength of the controlled substance;

(12) quantity of controlled substance prescribed;

(13) quantity of controlled substance dispensed; and

(14) number of days supply.

(b) The dispenser must submit the required information by a procedure and in a format established by the board. The board may allow dispensers to omit data listed in this subdivision or may require the submission of data not listed in this subdivision provided the omission or submission is necessary for the purpose of complying with the electronic reporting or data transmission standards of the American Society for Automation in Pharmacy, the National Council on Prescription Drug Programs, or other relevant national standard-setting body.

(c) A dispenser is not required to submit this data for those controlled substance prescriptions dispensed for:

(1) individuals residing in a health care facility as defined in section 151.58, subdivision 2, paragraph (b), when a drug is distributed through the use of an automated drug distribution system according to section 151.58; and

(2) individuals receiving a drug sample that was packaged by a manufacturer and provided to the dispenser for dispensing as a professional sample pursuant to Code of Federal Regulations, title 21, part 203, subpart D.

(d) A dispenser must provide to the patient for whom the prescription was written a conspicuous notice of the reporting requirements of this section and notice that the information may be used for program administration purposes.

Health (Ch. 144-159)
Chapter 152. Drugs; Controlled Substances
Prescriptions

§ 152.126. Prescription monitoring program

<Text of Section Effective August 1, 2016>

Subdivision 1. Definitions. (a) For purposes of this section, the terms defined in this subdivision have the meanings given.

. . .

(d) "Dispense" or "dispensing" has the meaning given in section 151.01, subdivision 30. Dispensing does not include the direct administering of a controlled substance to a patient by a licensed health care professional.

(e) "Dispenser" means a person authorized by law to dispense a controlled substance, pursuant to a valid prescription. For the purposes of this section, a dispenser does not include a licensed hospital pharmacy that distributes controlled substances for inpatient hospital care or a veterinarian who is dispensing prescriptions under section 156.18.

. . .

Subd. 4. Reporting requirements; notice. (a) Each dispenser must submit the following data to the board or its designated vendor:

(1) name of the prescriber;

(2) national provider identifier of the prescriber;

(3) name of the dispenser;

(4) national provider identifier of the dispenser;
(5) prescription number;

(6) name of the patient for whom the prescription was written;

(7) address of the patient for whom the prescription was written;

(8) date of birth of the patient for whom the prescription was written;

(9) date the prescription was written;
(10) date the prescription was filled;

(11) name and strength of the controlled substance;

(12) quantity of controlled substance prescribed;

(13) quantity of controlled substance dispensed; and

(14) number of days supply.

(b) The dispenser must submit the required information by a procedure and in a format established by the board. The board may allow dispensers to omit data listed in this subdivision or may require the submission of data not listed in this subdivision provided the omission or submission is necessary for the purpose of complying with the electronic reporting or data transmission standards of the American Society for Automation in Pharmacy, the National Council on Prescription Drug Programs, or other relevant national standard-setting body.

(c) A dispenser is not required to submit this data for those controlled substance prescriptions dispensed for:

(1) individuals residing in a health care facility as defined in section 151.58, subdivision 2, paragraph (b), when a drug is distributed through the use of an automated drug distribution system according to section 151.58; and

(2) individuals receiving a drug sample that was packaged by a manufacturer and provided to the dispenser for dispensing as a professional sample pursuant to Code of Federal Regulations, title 21, part 203, subpart D.

(d) A dispenser must provide to the patient for whom the prescription was written a conspicuous notice of the reporting requirements of this section and notice that the information may be used for program administration purposes.

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Mississippi
§ 73-21-127
§ 41-29-105
ADC 30-20-3001:XLIII

West's Annotated Mississippi Code (2016)
Title 73. Professions and Vocations
Chapter 21. Pharmacists
Mississippi Pharmacy Practice Act

§ 73-21-127. Computer program to track prescriptions for controlled substances and report illegal activity

The Board of Pharmacy shall develop and implement a computerized program to track prescriptions for controlled substances and to report suspected abuse and misuse of controlled substances in compliance with the federal regulations promulgated under authority of the National All Schedules Prescription Electronic Reporting Act of 2005 and in compliance with the federal HIPAA law, under the following conditions:

(a) Submission or reporting of dispensing information shall be mandatory and required by the State Board of Pharmacy for any entity dispensing controlled substances in or into the State of Mississippi, except for the dispensing of controlled substance drugs by a veterinarian residing in the State of Mississippi.

(b) The prescriptions tracked shall be prescriptions for controlled substances listed in Schedule II, III, IV or V and specified noncontrolled substances identified by the State Board of Pharmacy that are dispensed to residents in the State of Mississippi by licensed pharmacies, nonresident pharmacies, institutions and dispensing practitioners, regardless of dispenser location.

. . .

(g) A dispenser pharmacist or practitioner licensed to dispense controlled substances and specified noncontrolled substance drugs who knowingly fails to submit drug monitoring information or knowingly submits incorrect dispensing information shall be subject to actions against the pharmacist's or practitioner's license, registrations or permit and/or an administrative penalty as provided in Sections 73-21-97 and 73-21-103. Any misuse of the PMP is subject to penalties as provided in Sections 73-21-97 and 73-21-103.

(h) The Board of Pharmacy and the Prescription Monitoring Program shall be immune from civil liability arising from inaccuracy of any of the information submitted to the program.

(i) "Practitioner," as used in this section, shall include any person licensed, registered or otherwise permitted to distribute, dispense, prescribe or administer a controlled substance, as defined under Section 41-29-105(y).

(j) In addition to any funds appropriated by the Legislature, the State Board of Pharmacy may apply for any available grants and accept any gifts, grants or donations to assist in future development or in maintaining the program.

West's Annotated Mississippi Code (2016)
Title 41. Public Health
Chapter 29. Poisons, Drugs and Other Controlled Substances
Article 3. Uniform Controlled Substances Law

§ 41-29-105. Definitions

The following words and phrases, as used in this article, shall have the following meanings, unless the context otherwise requires:

(a) "Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject by:

(1) A practitioner (or, in his presence, by his authorized agent); or

(2) The patient or research subject at the direction and in the presence of the practitioner.

. . .

(j) "Dispense" means to deliver a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing, administering, packaging, labeling or compounding necessary to prepare the substance for that delivery.

(k) "Dispenser" means a practitioner who dispenses.

. . .

(y) "Practitioner" means:

(1) A physician, dentist, veterinarian, scientific investigator, optometrist certified to prescribe and use therapeutic pharmaceutical agents under Sections 73-19-153 through 73-19-165, or other person licensed, registered or otherwise permitted to distribute, dispense, conduct research with respect to or to administer a controlled substance in the course of professional practice or research in this state; and

(2) A pharmacy, hospital or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to or to administer a controlled substance in the course of professional practice or research in this state.

. . .

West's Mississippi Administrative Code (2016)
Title 30. Professions and Occupations
Subtitle 20. Board of Pharmacy
Part 3001. Mississippi Pharmacy Practice Regulations

30-20-3001:XLIII. PRESCRIPTION MONITORING PROGRAM

The Board of Pharmacy shall develop and implement a computerized program to track prescriptions for controlled substances and to report suspected abuse and misuse of controlled substances in compliance with the federal regulations promulgated under authority of the National All Schedules Prescription Electronic Reporting Act of 2005 and in compliance with the federal HIPAA law, under the following conditions:

(a) Reporting of dispensing information shall be mandatory and required every 24 hours or next business day by the State Board of Pharmacy for any entity dispensing controlled substances in or into the State of Mississippi, except for the dispensing of controlled substance drugs prescribed by a veterinarian residing in the State of Mississippi.

(b)(i) The prescriptions tracked shall be prescriptions for controlled substances listed in Drug Enforcement Agency Schedule II, III, IV or V and specified noncontrolled substances authorized by the State Board of Pharmacy that are dispensed to residents in the State of Mississippi by licensed pharmacies, nonresident pharmacies, institutions and dispensing practitioners, regardless of dispenser location. This includes mail order pharmacies.

(ii) Dispensing by a Veterinarian is exempt (Prescriptions written by a veterinarian and filled by a pharmacy are required to be reported). Direct administration of a controlled substance to the body of an ultimate user (such as in an inpatient setting) is exempt from reporting. Any quantity of drug dispensed that is limited to an amount adequate to treat the ultimate user involved for 48 hours or less is exempt from reporting. Controlled substance prescriptions dispensed for patients in nursing homes, ICFMRs, and Assisted Living facilities ARE required to be reported.

(iii) The Board may specify a uniform electronic format for the mandatory reporting, sharing, and disclosure of PMP information. Dispensers will submit information as required by the Prescription Monitoring Program.

. . .

(f)(i) A dispenser pharmacist or practitioner licensed to dispense controlled substances and specified noncontrolled substance drugs who knowingly fails to submit drug monitoring information or knowingly submits incorrect dispensing information shall be subject to actions against the pharmacist's or practitioner's license, registrations or permit and/or an administrative penalty as provided in Sections 73-21-97 and 73-21-103.

(ii) The board may impose a monetary penalty for a person authorized to obtain prescription information and who knowingly discloses this information for misuse or purposely alters the reporting information as provided in Section 73-21-103.

(g) The Board of Pharmacy and the Prescription Monitoring Program shall be immune from civil liability arising from inaccuracy of any of the information submitted to the program pursuant to this act.

(h) "Practitioner," as used in this section, shall include any person licensed, registered or otherwise permitted to distribute, dispense, prescribe or administer a controlled substance, as defined under Section 41-29-105(y).

(i) In addition to any funds appropriated by the Legislature, the State Board of Pharmacy may apply for any available grants and accept any gifts, grants or donations to assist in future development or in maintaining the program.

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Montana
§ 37-7-1503
ADC 24.174.1702
ADC 24.174.1704

West's Montana Code Annotated (2015)
Title 37. Professions and Occupations
Chapter 7. Pharmacy
Part 15. Prescription Drug Registry

§ 37-7-1503. Prescription drug registry--reporting requirements

(1) Except as provided in subsection (2), each entity licensed by the board as a certified pharmacy or as an out-of-state mail order pharmacy that dispenses drugs to patients in Montana shall provide prescription drug order information for controlled substances to the registry by:

(a) electronically transmitting the information in a format established by the board unless the board has granted a waiver allowing the information to be submitted in a nonelectronic manner; and

(b) submitting the information in accordance with time limits set by the board unless the board grants an extension because:

(i) the pharmacy has suffered a mechanical or electronic failure or cannot meet the deadline for other reasons beyond its control; or

(ii) the board is unable to receive electronic submissions.

(2) This section does not apply to:

(a) a prescriber who dispenses or administers drugs to the prescriber's patients; or

(b) a prescription drug order for a controlled substance dispensed to a person who is hospitalized.

Administrative Rules of Montana (2016)
Title 24. Labor and Industry
Chapter 174. Board of Pharmacy
Sub-chapter 17. Prescription Drug Registry

24.174.1702 INFORMATION REQUIRED FOR SUBMISSION

(1) Each entity registered by the board as a certified pharmacy or as an out-of-state mail service pharmacy that dispenses to patients in Montana shall provide the following controlled substances dispensing information to the board:

(a) pharmacy name, address, telephone number, and drug enforcement administration number;

(b) full name, address, telephone number, gender, and date of birth for whom the prescription was written;

(c) full name, address, telephone number, and drug enforcement administration registration number of the prescriber;

(d) date the prescription was issued by the prescriber;

(e) date the prescription was filled by the pharmacy;

(f) indication of whether the prescription dispensed is new or a refill;

(g) name, national drug code number, strength, quantity, dosage form, and days' supply of the actual drug dispensed;

(h) prescription number assigned to the prescription order; and

(i) source of payment for the prescription that indicates one of the following:

(i) cash;

(ii) insurance; or

(iii) government subsidy.

Administrative Rules of Montana (2016)
Title 24. Labor and Industry
Chapter 174. Board of Pharmacy
Sub-Chapter 17. Prescription Drug Registry

24.174.1704. REQUIREMENTS FOR SUBMITTING PRESCRIPTION REGISTRY INFORMATION TO THE BOARD

(1) All prescription drug order information for controlled substances shall be submitted to the board pursuant to this subchapter.

(2) A pharmacy shall submit all prescription drug order information for a controlled substance to the board no later than eight days after the date of dispensing the controlled substance.

(3) If a pharmacy that dispenses controlled substances has not dispensed any controlled substances during a calendar month, the pharmacy shall verify that no controlled substances were dispensed for that month by submitting a "zero report" to the board. A "zero report" is due on or before the fifth day of the next month.

(4) A pharmacy that does not dispense controlled substances shall notify the board by submitting an appropriate board-approved form attesting that the pharmacy does not dispense controlled substances.

(a) The form submitted by a pharmacy that does not dispense controlled substances shall be maintained on file with the board and at the pharmacy's location.

(b) If a pharmacy does dispense a controlled substance, it shall then comply with the reporting requirements of this rule.

(5) For the purposes of establishing a data history at the initiation of the prescription drug registry, each certified pharmacy and out-of-state mail service pharmacy shall submit a one-time batch submission of controlled substances, dispensed to Montana patients from July 1, 2011 forward to the date the registry is operational.

(6) In the event that a pharmacy cannot submit the required information as described in this rule, the pharmacy must timely report that fact to the board on or before the date the submission is due. The board office may grant an extension, at their discretion, when a pharmacy notifies the board that they are unable to submit their report.

(7) It is the responsibility of the submitting pharmacy to address any errors or questions about information that the pharmacy has submitted to the prescription drug registry and resubmit corrected data no later than eight days after the date of the original submission.

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Nebraska
§ 71-2454

West's Revised Statutes of Nebraska Annotated (2016)
Chapter 71. Public Health and Welfare
Article 24. Drugs
(l) Prescription Drug Monitoring Program

§ 71-2454. Prescription drug monitoring; legislative intent

(1) An entity described in section 71-2455 shall establish a system of prescription drug monitoring for the purposes of (a) preventing the misuse of controlled substances that are prescribed and (b) allowing prescribers and dispensers to monitor the care and treatment of patients for whom such a prescription drug is prescribed to ensure that such prescription drugs are used for medically appropriate purposes and that the State of Nebraska remains on the cutting edge of medical information technology.

(2) Such system of prescription drug monitoring shall be implemented as follows: Except as provided in subsection (4) of this section, beginning January 1, 2017, all dispensed prescriptions of controlled substances shall be reported; and beginning January 1, 2018, all prescription information shall be reported to the prescription drug monitoring system. The prescription drug monitoring system shall include, but not be limited to, provisions that:

(a) Prohibit any patient from opting out of the prescription drug monitoring system;

(b) Require all prescriptions dispensed in this state or to an address in this state to be entered into the system by the dispenser or his or her designee daily after such prescription is dispensed, including those for patients paying cash for such prescription drug or otherwise not relying on a third-party payor for payment for the prescription drug;

(c) Allow all prescribers or dispensers of prescription drugs to access the system at no cost to such prescriber or dispenser; and

(d) Ensure that such system includes information relating to all payors, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act.

Dispensers may begin on the effective date of this act to report dispensing of prescriptions to the entity described in section 71-2455 which is responsible for establishing the system of prescription drug monitoring.

(3) Prescription information that shall be submitted electronically to the prescription drug monitoring system shall be determined by the entity described in section 71-2455 and shall include, but not be limited to:

(a) The patient's name, address, and date of birth;

(b) The name and address of the pharmacy dispensing the prescription;

(c) The date the prescription is issued;

(d) The date the prescription is filled;

(e) The name of the drug dispensed or the National Drug Code number as published by the federal Food and Drug Administration of the drug dispensed;

(f) The strength of the drug prescribed;

(g) The quantity of the drug prescribed and the number of days' supply; and

(h) The prescriber's name and National Provider Identifier number or Drug Enforcement Administration number when reporting a controlled substance.

(4) Beginning January 1, 2018, a veterinarian licensed under the Veterinary Medicine and Surgery Practice Act shall be required to report a dispensed prescription of controlled substances listed on Schedule II, Schedule III, or Schedule IV pursuant to section 28-405.

(5) All prescription drug information submitted pursuant to this section, all data contained in the prescription drug monitoring system, and any report obtained from data contained in the prescription drug monitoring system are not public records and may be withheld pursuant to section 84-712.05.

(6) For purposes of this section:

(a) Designee means any licensed or registered health care professional designated by a dispenser to act as an agent of the dispenser for purposes of submitting or accessing data in the prescription drug monitoring system and who is directly supervised by such dispenser;

(b) Dispenser means a person authorized in the jurisdiction in which he or she is practicing to deliver a prescription to the ultimate user by or pursuant to the lawful order of a prescriber but does not include (i) the delivery of such prescription drug for immediate use for purposes of inpatient hospital care or emergency department care, (ii) the administration of a prescription drug by an authorized person upon the lawful order of a prescriber, (iii) a wholesale distributor of a prescription drug monitored by the prescription drug monitoring system, or (iv) through December 31, 2017, a veterinarian licensed under the Veterinary Medicine and Surgery Practice Act when dispensing prescriptions for animals in the usual course of providing professional services; and

(c) Prescriber means a health care professional authorized to prescribe in the profession which he or she practices.

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Nevada
§ 453.1545
§ 453.126
ADC 639.926

West's Nevada Revised Statutes Annotated (2015)
Title 40. Public Health and Safety
Chapter 453. Controlled Substances
Uniform Controlled Substances Act
General Provisions

453.1545. Development of computerized program to track prescriptions for controlled substances; course of training required for persons who access database; reporting of illegal activity; agreements with state agency of another state to receive or exchange information obtained by program; confidentiality of information obtained from program; immunity from liability for practitioner who transmits certain required information and reports; gifts, grants and donations

. . .

2. Except as otherwise provided in this subsection, each person registered pursuant to this chapter to dispense a controlled substance listed in Schedule II, III or IV shall, not later than the end of the next business day after dispensing a controlled substance, upload to the database of the program established pursuant to subsection 1 the information described in paragraph (d) of subsection 1. The requirements of this subsection do not apply if the controlled substance is administered directly by a practitioner to a patient in a health care facility, as defined in NRS 439.960, a child who is a resident in a child care facility, as defined in NRS 432A.024, or a prisoner, as defined in NRS 208.085. The Board shall establish by regulation and impose administrative penalties for the failure to upload information pursuant to this subsection.

. . .

West's Nevada Revised Statutes Annotated (2015)
Title 40. Public Health and Safety (Chapters 439-461A)
Chapter 453. Controlled Substances
Uniform Controlled Substances Act
General Provisions

§ 453.126. "Practitioner" defined

"Practitioner" means:

1. A physician, dentist, veterinarian or podiatric physician who holds a license to practice his or her profession in this State and is registered pursuant to this chapter.

2. An advanced practice registered nurse who holds a certificate from the State Board of Pharmacy authorizing him or her to dispense or to prescribe and dispense controlled substances.

3. A scientific investigator or a pharmacy, hospital or other institution licensed, registered or otherwise authorized in this State to distribute, dispense, conduct research with respect to, to administer, or use in teaching or chemical analysis, a controlled substance in the course of professional practice or research.

4. A euthanasia technician who is licensed by the Nevada State Board of Veterinary Medical Examiners and registered pursuant to this chapter, while he or she possesses or administers sodium pentobarbital pursuant to his or her license and registration.

5. A physician assistant who:

(a) Holds a license from the Board of Medical Examiners; and

(b) Is authorized by the Board to possess, administer, prescribe or dispense controlled substances under the supervision of a physician as required by chapter 630 of NRS.

6. A physician assistant who:

(a) Holds a license from the State Board of Osteopathic Medicine; and

(b) Is authorized by the Board to possess, administer, prescribe or dispense controlled substances under the supervision of an osteopathic physician as required by chapter 633 of NRS.

7. An optometrist who is certified by the Nevada State Board of Optometry to prescribe and administer therapeutic pharmaceutical agents pursuant to NRS 636.288, when the optometrist prescribes or administers therapeutic pharmaceutical agents within the scope of his or her certification.

Nevada Administrative Code
Chapter 639. Pharmacists and Pharmacy
Computerized Systems
Recording of Information

NAC 639.926 Transmission of information regarding dispensing of controlled substances to certain persons.

1. Each pharmacy that uses a computerized system to record information concerning prescriptions and that dispenses a controlled substance that is listed in schedule II, III or IV to a person who is not an inpatient of a hospital, correctional institution or nursing facility shall transmit to the Board or its agent the information set forth in the 2011 ASAP Version 4.2 Standard for Prescription Monitoring Programs published by the American Society for Automation in Pharmacy. The following Segments and the accompanying Data Elements of the Implementation Guide for the 2011 ASAP Version 4.2 Standard for Prescription Monitoring Programs are hereby adopted by reference:

(a) The Segment entitled "TH Transition Header" and the following Data Elements:

(1) Version/Release Number;

(2) Transaction Control Number;

(3) Transaction Type;

(4) Response ID;

(5) Creation Date;

(6) Creation Time;

(7) File Type; and

(8) Segment Terminator Character;

(b) The Segment entitled "IS Information Source" and the following Data Elements:

(1) Unique Information Source ID;

(2) Information Source Entity Name; and

(3) Message;

(c) The Segment entitled "PHA Pharmacy Header" and the following Data Elements:

(1) National Provider Identifier (NPI);

(2) DEA Number;

(3) Pharmacy or Dispensing Prescriber Name;

(4) Phone Number;
(5) Contact Name; and

(6) Chain Site ID;

(d) The Segment entitled "PAT Patient Information" and the following Data Elements:

(1) Last Name;

(2) First Name;

(3) Address Information - 1;

(4) City Address;

(5) State Address;

(6) ZIP Code Address;

(7) Phone Number;

(8) Date of Birth; and

(9) Gender Code;

(e) The Segment entitled "DSP Dispensing Record" and the following Data Elements:

(1) Reporting Status;

(2) Prescription Number;

(3) Date Written;

(4) Refills Authorized;

(5) Date Filled;

(6) Refill Number;

(7) Product ID Qualifier;

(8) Product ID;

(9) Quantity Dispensed;

(10) Days Supply;

(11) Transmission Form of Rx Origin Code;

(12) Classification Code for Payment Type; and

(13) Date Sold;

(f) The Segment entitled "PRE Prescriber Information" and the following Data Elements:

(1) National Provider Identifier (NPI);

(2) DEA Number;

(3) DEA Number Suffix;

(4) Last Name;

(5) First Name; and

(6) Phone Number;

(g) The Segment entitled "CDI Compound Drug Ingredient Detail" and the following Data Elements:

(1) Compound Drug Ingredient Sequence Number;

(2) Product ID Qualifier;

(3) Product ID;

(4) Component Ingredient Quantity; and

(5) Compound Drug Dosage Units Code;

(h) The Segment entitled "TP Pharmacy Trailer" and the Data Element Detail Segment Count; and

(i) The Segment entitled "TT Transaction Trailer" and the following Data Elements:

(1) Transaction Control Number; and

(2) Segment Count.

2. A copy of the publication may be obtained from the American Society for Automation in Pharmacy at the Internet address http://www.asapnet.org, or by telephone at (610) 825-7783, for the price of $175 for members and $875 for nonmembers.

3. A pharmacy that dispenses a controlled substance and is required to transmit information to the Board or its agent pursuant to subsection 1 shall transmit the information not later than the end of the next business day after dispensing the controlled substance. A pharmacy that does not dispense a controlled substance as specified in subsection 1 shall transmit to the Board or its agent a zero report stating that the pharmacy did not dispense such a controlled substance on the immediately preceding business day.

4. The information required pursuant to this section or a zero report must be transmitted by means of:

(a) A secure file transfer protocol;

(b) An upload from an Internet web portal; or

(c) A manual entry.

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New Hampshire
§ 318-B:33
§ 318-B:31

Revised Statutes Annotated of the State of New Hampshire (2016)
Title XXX. Occupations and Professions (Ch. 309 to 332-K)
Chapter 318-B. Controlled Drug Act
Controlled Drug Prescription Health and Safety Program

§ 318-B:33 Controlled Drug Prescription Health and Safety Program Operation

. . .

III. Each dispenser shall submit to the program the information regarding each dispensing of a schedule II-IV controlled substance. Any dispenser located outside the boundaries of the state of New Hampshire and who is licensed and registered by the board shall submit information regarding each prescription dispensed to a patient who resides within New Hampshire.

IV. Each dispenser required to report under paragraph III of this section shall submit to the program by electronic means information for each dispensing that shall include, but not be limited to:

(a) Dispenser's Drug Enforcement Administration (DEA) registration number.

(b) Prescriber's DEA registration number.

(c) Date of dispensing.

(d) Prescription number.

(e) Number of refills granted.

(f) National Drug Code (NDC) of drug dispensed.

(g) Quantity dispensed.

(h) Number of days supply of drug.

(i) Patient's name.

(j) Patient's address.

(k) Patient's date of birth.

(l) Patient's telephone number, if available.

(m) Date prescription was written by prescriber.

(n) Whether the prescription is new or a refill.

(o) Source of payment for prescription.

V. (a) Except as provided in subparagraphs (b) and (c), each dispenser shall submit the required information in accordance with transmission methods daily by the close of business on the next business day from the date the prescription was dispensed.

(b) Veterinarians shall submit the information required under subparagraph (a) no more than 7 days from the date the prescription was dispensed.

(c) Dispensers who have a federal Drug Enforcement Administration license, but who do not dispense controlled substances may request a waiver from the requirements of subparagraph (a) from the board.

VI. The program may issue a waiver to a dispenser that is unable to submit prescription information by electronic means. Such waiver may permit the dispenser to submit prescription information by paper form or other means, provided all information required by paragraph IV is submitted in this alternative format and within the established time limit.

VII. The program may grant a reasonable extension to a dispenser that is unable, for good cause, to submit all the information required by paragraph IV within the established time limits.

VIII. Any dispenser who in good faith reports to the program as required by paragraphs III and IV shall be immune from any civil or criminal liability as the result of such good faith reporting.

Revised Statutes Annotated of the State of New Hampshire (2016)
Title XXX. Occupations and Professions (Ch. 309 to 332-K)
Chapter 318-B. Controlled Drug Act
Controlled Drug Prescription Health and Safety Program

§ 318-B:31 Definitions

In this subdivision:

. . .

IV. "Dispenser" means a person who is lawfully authorized to deliver a schedule II-IV controlled substance, but does not include:

(a) A licensed hospital pharmacy that dispenses less than a 48-hour supply of a schedule II-IV controlled substance from a hospital emergency department or that dispenses for administration in the hospital;

(b) A practitioner, or other authorized person who administers such a substance;

(c) A wholesale distributor of a schedule II-IV controlled substance or its analog;

(d) A prescriber who dispenses less than a 48-hour supply of a schedule II-IV controlled substance from a hospital emergency department to a patient; or

(e) A veterinarian who dispenses less than a 48-hour supply of a schedule II-IV controlled substance to a patient.

. . .

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New Jersey
§ 45:1-45

New Jersey Statutes Annotated (2016)
Title 45. Professions and Occupations
Subtitle 1. Professions and Occupations Regulated by State Boards of Registration and Examination
Chapter 1. General Provisions
Article 3.3. Prescription Monitoring Program

§ 45:1-45. Prescription Monitoring Program; requirements

Prescription Monitoring Program; requirements.

a. There is established the Prescription Monitoring Program in the Division of Consumer Affairs in the Department of Law and Public Safety. The program shall consist of an electronic system for monitoring controlled dangerous substances that are dispensed in or into the State by a pharmacist in an outpatient setting.

b. Each pharmacy permit holder shall submit, or cause to be submitted, to the division, by electronic means in a format and at such intervals as are specified by the director, information about each prescription for a controlled dangerous substance dispensed by the pharmacy that includes:

(1) The surname, first name, and date of birth of the patient for whom the medication is intended;

(2) The street address and telephone number of the patient;

(3) The date that the medication is dispensed;

(4) The number or designation identifying the prescription and the National Drug Code of the drug dispensed;

(5) The pharmacy permit number of the dispensing pharmacy;

(6) The prescribing practitioner's name and Drug Enforcement Administration registration number;

(7) The name, strength, and quantity of the drug dispensed, the number of refills ordered, and whether the drug was dispensed as a refill or a new prescription;

(8) The date that the prescription was issued by the practitioner;

(9) The source of payment for the drug dispensed;

(10) Identifying information for any individual, other than the patient for whom the prescription was written, who picks up a prescription, if the pharmacist has a reasonable belief that the person picking up the prescription may be seeking a controlled dangerous substance, in whole or in part, for any reason other than delivering the substance to the patient for the treatment of an existing medical condition; and

(11) Such other information, not inconsistent with federal law, regulation, or funding eligibility requirements, as the director determines necessary.

The pharmacy permit holder shall submit the information to the division with respect to the prescriptions dispensed during the reporting period not less frequently than every seven days.

c. The division may grant a waiver of electronic submission to any pharmacy permit holder for good cause, including financial hardship, as determined by the director. The waiver shall state the format in which the pharmacy permit holder shall submit the required information.

d. The requirements of this act shall not apply to: the direct administration of a controlled dangerous substance to the body of an ultimate user; or the administration or dispensing of a controlled dangerous substance that is otherwise exempted as determined by the Secretary of Health and Human Services pursuant to the "National All Schedules Prescription Electronic Reporting Act of 2005," Pub.L.109-60.

e. The provisions of paragraph (10) of subsection b. of this section shall not take effect until the director determines that the Prescription Monitoring Program has the technical capacity to accept the information required by that paragraph.

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New Mexico
ADC 16.19.29
§ 30-31-2

Code of New Mexico Rules (2016)
Title 16. Occupational and Professional Licensing
Chapter 19. Pharmacists
Part 29. Controlled Substance Prescription Monitoring Program

16.19.29. CONTROLLED SUBSTANCE PRESCRIPTION MONITORING PROGRAM

. . .

16.19.29.7 DEFINITIONS:

. . .

D. "Dispenser" means the person who delivers a Schedule II - V controlled substance as defined in Subsection F of this section to the ultimate user, but does not include the following:

(1) a licensed hospital pharmacy that distributes such substances for the purpose of inpatient hospital care;

(2) a practitioner, or other authorized person who administers such a substance; or

(3) a practitioner who dispenses to the patient no more than twelve (12) dosage units or seventy-two (72) hours' worth (whichever is less) of such a substance or;

(4) a wholesale distributor of a Schedule II - V controlled substance;

(5) clinics, urgent care or emergency departments dispensing to the patient no more than twelve (12) dosage units or seventy-two (72) hours' worth (whichever is less) of such a substance or;

(6) a veterinarians or veterinary clinics dispensing to non-human patients.

. . .

16.19.29.8 MANDATORY REPORTING OF PRESCRIPTION INFORMATION TO THE PMP:

A. The board shall monitor the dispensing of all Schedule II - V controlled substances by all dispensers licensed to dispense such substances to patients in this state.

B. Each dispenser shall submit to the board by electronic means information regarding each prescription dispensed for a drug included under Subsection A of this section. Information to be submitted for each prescription as well as the standards for how this information shall be formatted, not contrary to law, is defined in the PMP data reporting manual available on the state PMP website at http://nmpmp.org shall include at a minimum:

(1) dispenser drug enforcement agency (DEA) number;

(2) date prescription filled;

(3) prescription number;

(4) whether the prescription is new or a refill;

(5) national drug code (NDC) code for drug dispensed;

(6) quantity dispensed;

(7) patient name;

(8) patient address;

(9) patient date of birth;

(10) prescriber DEA number;

(11) date prescription issued by prescriber;

(12) and payment classification.

C. Each dispenser shall submit the information in accordance with transmission methods and frequency established by the board; but shall report at least within one (1) business day of the prescription being filled. The PMP director shall have the authority to approve submission schedules that exceed one (1) business day.

D. Corrections to information submitted to the PMP must be addressed including:

(1) file upload or "outstanding uncorrected errors" as defined in the PMP data reporting manual;

(2) prescriptions that were not dispensed to the patient must be voided from the PMP;

(3) incorrect information in prescriptions records submitted to the PMP must be corrected as soon as possible after the dispenser has been notified.

. . .

West's New Mexico Statutes Annotated (2016)
Chapter 30. Criminal Offenses
Article 31. Controlled Substances

§ 30-31-2. Definitions

As used in the Controlled Substances Act:

. . .

R. "practitioner" means a physician, certified advanced practice chiropractic physician, doctor of oriental medicine, dentist, physician assistant, certified nurse practitioner, clinical nurse specialist, certified nurse-midwife, prescribing psychologist, veterinarian, euthanasia technician, pharmacist, pharmacist clinician or other person licensed or certified to prescribe and administer drugs that are subject to the Controlled Substances Act;

. . .

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New York
Public Health Law § 3331
Public Health Law § 3333
Public Health Law § 3302
Public Health Law § 3343-a
10 ADC 80.71
10 ADC 80.73
10 ADC 80.78

McKinney's Consolidated Laws of New York Annotated (2016)
Public Health Law
Chapter 45. Of the Consolidated Laws
Article 33. Controlled Substances
Title IV. Dispensing to Ultimate Users

§ 3331. Scheduled substances administering and dispensing by practitioners

. . .

6. A practitioner dispensing a controlled substance shall file information pursuant to such dispensing with the department by electronic means in such manner and detail as the commissioner shall, by regulation, require. This requirement shall not apply to the dispensing by a practitioner pursuant to subdivision five of section thirty-three hundred fifty-one of this article.

. . .

McKinney's Consolidated Laws of New York Annotated (2016)
Public Health Law
Chapter 45. Of the Consolidated Laws
Article 33. Controlled Substances
Title IV. Dispensing to Ultimate Users

§ 3333. Dispensing upon official New York state prescription or electronic prescription

. . .

4. The endorsed original prescription shall be retained by the proprietor of the pharmacy for a period of five years. **The proprietor of the pharmacy shall file or cause to be filed such prescription information with the department by electronic means on a real time basis as the commissioner in consultation with the commissioner of education shall, by regulation, require;** provided, however, that the commissioner may, pursuant to a process established in

regulation, grant a waiver allowing a pharmacy to make such filings within a longer period of time if and to the extent that the commissioner finds it warranted, in his or her discretion, due to economic hardship, technological limitations that are not reasonably within the control of the pharmacy, or other exceptional circumstance demonstrated by the pharmacy; and **provided, further, however, that such regulations shall specify the manner in which such requirements shall apply to the delivery of controlled substances to individuals in this state by means of mail or licensed express delivery services.**

. . .

McKinney's Consolidated Laws of New York Annotated (2016)
Public Health Law
Chapter 45. Of the Consolidated Laws
Article 33. Controlled Substances
Title I. General Provisions

§ 3302. Definitions of terms of general use in this article

Except where different meanings are expressly specified in subsequent provisions of this article, the following terms have the following meanings:

. . .

29. "Practitioner" means:

A physician, dentist, podiatrist, veterinarian, scientific investigator, or other person licensed, or otherwise permitted to dispense, administer or conduct research with respect to a controlled substance in the course of a licensed professional practice or research licensed pursuant to this article. Such person shall be deemed a "practitioner" only as to such substances, or conduct relating to such substances, as is permitted by his license, permit or otherwise permitted by law.

. . .

Public Health Law
Chapter 45. Of the Consolidated Laws
Article 33. Controlled Substances
Title IV. Dispensing to Ultimate Users

§ 3343-a. Prescription monitoring program registry

1. Establishment of system. (a) The commissioner shall, in accordance with the provisions of this section, establish and maintain an electronic system for collecting, monitoring and reporting information concerning the prescribing and dispensing of controlled substances, to be known as the prescription monitoring program registry. **The registry shall include information reported by pharmacies on a real time basis, as set forth in subdivision four of section thirty-three hundred thirty-three of this article.**

(b) The registry shall include, for each person to whom a prescription for controlled substances has been dispensed, all patient-specific information covering such period of time as is deemed appropriate and feasible by the commissioner, but no less than six months and no more than five years. Such patient-specific information shall be obtained from the prescription information reported by pharmacies pursuant to subdivision four of section thirty-three hundred thirty-three of this article and by practitioners who dispense pursuant to subdivision six of section thirty-three hundred thirty-one of this article, and shall be processed and included in the registry by the department without undue delay. For purposes of this article, "patient-specific information" means information pertaining to individual patients included in the registry, which shall include the following information and such other information as is required by the department in regulation:

(i) the patient's name;

(ii) the patient's residential address;

(iii) the patient's date of birth;

(iv) the patient's gender;

(v) the date on which the prescription was issued;

(vi) the date on which the controlled substance was dispensed;

(vii) the metric quantity of the controlled substance dispensed;

(viii) the number of days supply of the controlled substance dispensed;

(ix) the name of the prescriber;
(x) the prescriber's identification number, as assigned by the drug enforcement administration;

(xi) the name or identifier of the drug that was dispensed; and

(xii) the payment method.

. . .

Compilation of Codes, Rules and Regulations of the State of New York (2016)
Title 10. Department of Health
Chapter II. Administrative Rules and Regulations
Subchapter K. Controlled Substances
Part 80. Rules and Regulations on Controlled Substances
Prescribing and Dispensing Controlled Substances.

Section 80.71. Practitioners, dispensing controlled substances

. . .

(e) The practitioner shall submit dispensing information, for all controlled substances dispensed, electronically to the department utilizing a transmission format acceptable to the department, not later than 24 hours after the substance was delivered. A waiver allowing a practitioner to make such filings within a longer period of time may be issued by the commissioner based upon a showing of economic hardship, technological limitations that are not reasonably within the control of the practitioner, or other exceptional circumstance demonstrated by the practitioner. Such waiver and any subsequent waiver shall be applied for in the same manner and shall be subject to the same requirements as specified in section 80.63(c)(2)(x) of this Part and, if granted, such waiver shall not provide for a filing period longer than the 15th day of the next month following the month in which the substance was delivered. The information filed with the department shall include but not be limited to:

(1) dispenser identifier;

(2) patient name, in the case of an animal, the patient name field shall be filled with the name of the animal's owner;

(3) patient address, including street, city, state, ZIP code;

(4) patient date of birth;

(5) patient's sex;
(6) date controlled substance dispensed;

(7) metric quantity;

(8) national drug code number of the drug;

(9) number of days supply;

(10) prescriber's Drug Enforcement Administration (DEA) number;

(11) payment method;

(12) species code; and

(13) name of animal, if applicable.

When applicable, the practitioner shall file a zero report with the department as specified in Section 80.73(f)(2)(i) of this Part, or a practitioner may apply for a waiver of the requirement to file a zero report as specific in Section 80.73(f)(2)(ii) of this Part.

Compilation of Codes, Rules and Regulations of the State of New York (2016)
Title 10. Department of Health
Chapter II. Administrative Rules and Regulations
Subchapter K. Controlled Substances
Part 80. Rules and Regulations on Controlled Substances
Prescribing and Dispensing Controlled Substances.

Section 80.73. Pharmacists; dispensing schedule II substances and certain other controlled substances

. . .

(f)

(1) The endorsed prescription shall be retained by the proprietor of the pharmacy for a period of five years. **The prescription information shall be filed electronically with the Bureau of Narcotic Enforcement, utilizing a transmission format acceptable to the department, not later than 24 hours after the substance was delivered. A waiver allowing a pharmacy to make such filings within a longer period of time may be issued by the commissioner based upon a showing of economic hardship, technological limitations that are not reasonably within the control of the pharmacy, or other exceptional circumstance demonstrated by the pharmacy. Such waiver and any subsequent waiver shall be applied for in the same manner and shall be subject to the same requirements as specified in section 80.63(c)(2)(x) of this Part and, if granted, such waiver shall not provide for a filing period longer than the 15th day of the next month following the month in which the substance was delivered. Pharmacies delivering prescriptions by mail or licensed express delivery services shall file the prescription information with the Bureau of Narcotic Enforcement, utilizing a**

transmission format acceptable to the department, not later than 72 hours after the substance was shipped from the pharmacy. The information filed with the department shall include but not be limited to:

(i) pharmacy prescription number;
(ii) pharmacy's national identification number;
(iii) patient name, in the case of an animal, the patient name field shall be filled with the name of the animal's owner;
(iv) patient address, including street, city, state, ZIP code;
(v) patient date of birth;
(vi) patient's sex;
(vii) date prescription filled;
(viii) metric quantity;
(ix) national drug code number of the drug;
(x) number of days supply;
(xi) prescriber's Drug Enforcement Administration number;
(xii) date prescription issued;
(xiii) serial number of official prescription form, or an identifier designated by the department;
(xiv) payment method;
(xv) number of refills authorized;
(xvi) refill number;
(xvii) species code; and
(xviii) name of animal, if applicable.

. . .

(i) Such prescriptions shall be endorsed, retained and filed in the same manner as is otherwise required for such prescriptions. The follow-up prescriptions shall be attached to, or otherwise associated with, the corresponding memoranda of oral orders or to prescriptions transmitted by facsimile. **The information required in section 80.68(d)(2) of this Part shall be filed electronically with the New York State Department of Health, not later than 24 hours after the substance was delivered. The pharmacy must submit this information electronically to the department utilizing a transmission format acceptable to the department. A waiver allowing a pharmacy to make such filings within a longer period of time may be issued by the commissioner based upon a showing of economic hardship, technological limitations that are not reasonably within the control of the pharmacy, or other exceptional circumstance demonstrated by the pharmacy. Such waiver and any subsequent waiver shall be applied for in the same manner and shall be subject to the same requirements as specified in section 80.63(c)(2)(x) of this Part and, if granted, such waiver shall not provide for a filing period longer than the 15th day of the next month following the month in which the substance was delivered.**

. . .

Compilation of Codes, Rules and Regulations of the State of New York (2016)
Title 10. Department of Health
Chapter II. Administrative Rules and Regulations
Subchapter K. Controlled Substances
Part 80. Rules and Regulations on Controlled Substances
Prescribing and Dispensing Controlled Substances.

Section 80.78. Pharmacists; dispensing out-of-state prescriptions; schedule II, III, IV and V controlled substances

. . .

(c) Out-of-state prescriptions shall be dispensed in conformity with provisions set forth in this Part for official prescriptions and electronic prescriptions. **Prescription information from all out-of-state prescriptions for a controlled substance shall be filed with the department in accordance with section 80.73(f) of this Part.**

(d) Pharmacies shall file out-of-state prescriptions for a controlled substance in the same manner as otherwise required by this Part.

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North Carolina
§ 90-113.73
§ 90-113.72
10A ADC 26E.0603

West's North Carolina General Statutes Annotated (2016)
Chapter 90. Medicine and Allied Occupations
Article 5E. North Carolina Controlled Substances Reporting System Act

§ 90-113.73. Requirements for controlled substances reporting system

(a) The Department shall establish and maintain a reporting system of prescriptions for all Schedule II through V controlled substances. **Each dispenser shall submit the information in accordance with transmission methods and frequency established by rule by the Commission. The Department may issue a waiver to a dispenser who is unable to submit prescription information by electronic means. The waiver may permit the dispenser to submit prescription information by paper form or other means, provided all information required of electronically submitted data is submitted. The dispenser shall report the information required under this section no later than the close of business three business days after the day when the prescription was delivered, beginning the next day after the delivery date; however, dispensers are encouraged to report the information no later than 24 hours after the prescription was delivered. The information shall be submitted in a format as determined annually by the Department based on the format used in the majority of the states operating a controlled substances reporting system.**

(b) The Commission shall adopt rules requiring dispensers to report the following information. The Commission may modify these requirements as necessary to carry out the purposes of this Article. The dispenser shall report:

(1) The dispenser's DEA number.

(2) The name of the patient for whom the controlled substance is being dispensed, and the patient's:

a. Full address, including city, state, and zip code,

b. Telephone number, and

c. Date of birth.

(3) The date the prescription was written.

(4) The date the prescription was filled.

(5) The prescription number.

(6) Whether the prescription is new or a refill.

(7) Metric quantity of the dispensed drug.

(8) Estimated days of supply of dispensed drug, if provided to the dispenser.

(9) National Drug Code of dispensed drug.

(10) Prescriber's DEA number.

(11) Method of payment for the prescription.

(c) A dispenser shall not be required to report instances in which a controlled substance is provided directly to the ultimate user and the quantity provided does not exceed a 48-hour supply.

West's North Carolina General Statutes Annotated (2016)
Chapter 90. Medicine and Allied Occupations
Article 5E. North Carolina Controlled Substances Reporting System Act

§ 90-113.72. Definitions

The following definitions apply in this Article:

. . .

(4) "Dispenser" means a person who delivers a Schedule II through V controlled substance to an ultimate user in North Carolina, but does not include any of the following:

a. A licensed hospital or long-term care pharmacy that dispenses such substances for the purpose of inpatient administration.

b. Repealed by S.L. 2013-152, § 1, eff. Jan. 1, 2014.

c. A wholesale distributor of a Schedule II through V controlled substance.

d. A person licensed to practice veterinary medicine pursuant to Article 11 of Chapter 90 of the General Statutes.

. . .

North Carolina Administrative Code (2016)

Title 10A. Department of Health and Human Services
Chapter 26. Mental Health: General
Subchapter 26E. Manufacturers: Distributors: Dispensers and Researchers of Controlled Substances
Section .0600. Controlled Substances Reporting System

.0603 REQUIREMENTS FOR TRANSMISSION OF DATA

(a) Each dispenser shall transmit to the Department the data as set forth in G.S. 90-113.73. The data shall be transmitted in the ASAP Telecommunication Format for Controlled Substances, published by the American Society for Automation in Pharmacy that is in use in the majority of states operating a controlled substance reporting system.

(b) The dispenser shall transmit the data electronically unless the Department approves a request for submission on paper as set forth in Paragraphs (e) and (f) of this Rule.

(c) The dispenser's electronic transfer data equipment including hardware, software and internet connections shall be in compliance with the Health Insurance Portability and Accountability Act as set forth in 45 CFR, Part 164.

(d) Each electronic transmission shall meet data protection requirements as follows:

(1) Data shall be at least 128B encryption in transmission and at rest; or

(2) Data shall be transmitted via secure file transfer protocol. Once received, data at rest shall be encrypted.

(e) The data may be submitted on paper if the dispenser submits a written request to the Department and receives prior approval.

(f) The Department shall consider the following in granting approval of the request:

(1) The dispenser does not have a computerized record keeping system; or

(2) The dispenser is unable to conform to the submission format required by the database administrator without incurring expenses over three thousand dollars ($3,000).

(g) The dispenser shall report the data pursuant to the requirements of G.S. 90-113.73(a).

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North Dakota
§ 19-03.5-02
§ 19-03.5-01
§ 50-31-08
ADC 61-12-01-02

West's North Dakota Century Code Annotated (2015)
Title 19. Foods, Drugs, Oils, and Compounds
Chapter 19-03.5. Prescription Drug Monitoring Program

§ 19-03.5-02. Requirements for prescription drug monitoring program

1. The board shall establish and maintain a program for the monitoring of prescribing and dispensing of all controlled substances.

2. Each dispenser shall submit to the board by electronic means information regarding each prescription dispensed for a controlled substance. The board shall establish and update rules to direct dispensers on the version of the American Society for Automation in Pharmacy Rules-Based Standard Implementation Guide for Prescription Monitoring Programs in which the dispensing history must be submitted to the central repository.

3. Each dispenser shall submit the information in accordance with transmission methods and frequency established by the board.

4. The board may issue an extension of time to a dispenser that is unable to submit prescription information by electronic means.

West's North Dakota Century Code Annotated (2015)
Title 19. Foods, Drugs, Oils, and Compounds
Chapter 19-03.5. Prescription Drug Monitoring Program

§ 19-03.5-01. Definitions

. . .

5. "Dispense" means to deliver a controlled substance to an ultimate user by or pursuant to the lawful order of a practitioner, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare the substance for delivery.

6. "Dispenser" means an individual who delivers a controlled substance to the ultimate user but does not include a licensed hospital pharmacy that provides a controlled substance for the purpose of inpatient hospital care or a licensed health care practitioner or other

authorized individual in those instances when the practitioner administers a controlled substance to a patient.

. . .

West's North Dakota Century Code Annotated (2015)
Title 50. Public Welfare
Chapter 50-31. Substance Abuse Treatment Programs

§ 50-31-08. Opioid treatment programs--Licensure required--Rules

1. To operate in this state, an opioid treatment program must be granted a license from the department, certification from the United States department of health and human services substance abuse and mental health services administration, and registration from the United States department of justice drug enforcement administration.

2. The department may license a substance abuse treatment program to operate an opioid treatment program in the state. A separate license is required for each location at which an opioid treatment program is operated under this section.

3. The department shall adopt rules relating to licensing and monitoring opioid treatment programs, including rules for:

a. Standards for approval and maintenance of license;

b. Assessment of need for an opioid treatment program in the proposed location;

c. Patient eligibility for admission to an opioid treatment program;

d. Treatment standards, including counseling and drug testing requirements; and

e. Measures to prevent the diversion to illegal use of any drug used by a program to treat an opioid addiction.

4. Each state-licensed opioid treatment program shall submit by electronic means information regarding each prescription dispensed for a controlled substance to the state's prescription drug monitoring program, unless specifically exempted by federal law.

North Dakota Administrative Code (2015)

Title 61. State Board of Pharmacy
Article 61-12. Prescription Drug Monitoring Program
Chapter 61-12-01. Prescription Drug Monitoring Program

61-12-01-02. Dispenser reporting.

1. Each dispenser licensed by a regulatory agency in the state of North Dakota who dispenses a controlled substance to a patient shall submit to the central repository by electronic means information regarding each prescription dispensed for a controlled substance. The information submitted for each prescription shall include all of the data elements in the American society for automation in pharmacy rules-based standard implementation guide for prescription monitoring programs issued September 2011, version 4, release 2.

2. Each dispenser shall submit the information required by this chapter to the central repository at least once every day unless the board waives this requirement for good cause shown by the dispenser.

3. An extension of the time in which a dispenser must report the information required by this chapter may be granted to a dispenser that is unable to submit prescription information by electronic means if:

a. The dispenser suffers a mechanical or electronic failure or cannot report within the required time for other reasons beyond the dispenser's control; or

b. The central repository is unable to receive electronic submissions.

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Ohio
§ 4729.77
§ 4729.78
§ 4729.79
§ 4729.01
ADC 4729-37-02
ADC 4729-37-03
ADC 4729-37-04
ADC 4729-37-05
ADC 4729-37-06
ADC 4729-37-07
ADC 4729-37-11

Baldwin's Ohio Revised Code Annotated (2016)
Title XLVII. Occupations--Professions
Chapter 4729. Pharmacists; Dangerous Drugs
Miscellaneous Provisions

§ 4729.77 Terminal distributor pharmacies to submit prescription information

(A) If the state board of pharmacy establishes and maintains a drug database pursuant to section 4729.75 of the Revised Code, each pharmacy licensed as a terminal distributor of dangerous drugs that dispenses drugs to patients in this state and is included in the types of pharmacies specified in rules adopted under section 4729.84 of the Revised Code shall submit to the board the following prescription information:

(1) Terminal distributor identification;

(2) Patient identification;

(3) Prescriber identification;

(4) Date prescription was issued by prescriber;

(5) Date drug was dispensed;

(6) Indication of whether the drug dispensed is new or a refill;

(7) Name, strength, and national drug code of the drug dispensed;

(8) Quantity of drug dispensed;

(9) Number of days' supply of drug dispensed;

(10) Serial or prescription number assigned by the terminal distributor;

(11) Source of payment for the drug dispensed.

(B)(1) The information shall be transmitted as specified by the board in rules adopted under section 4729.84 of the Revised Code.

(2) The information shall be submitted electronically in the format specified by the board, except that the board may grant a waiver allowing the distributor to submit the information in another format.

(3) The information shall be submitted in accordance with any time limits specified by the board, except that the board may grant an extension if either of the following occurs:

(a) The distributor suffers a mechanical or electronic failure, or cannot meet the deadline for other reasons beyond the distributor's control.

(b) The board is unable to receive electronic submissions.

(C) This section does not apply to a prescriber personally furnishing or administering dangerous drugs to the prescriber's patient.

Baldwin's Ohio Revised Code Annotated (2016)
Title XLVII. Occupations--Professions
Chapter 4729. Pharmacists; Dangerous Drugs
Miscellaneous Provisions

§ 4729.78 Wholesale distributors to submit purchase information

(A) If the state board of pharmacy establishes and maintains a drug database pursuant to section 4729.75 of the Revised Code, each wholesale distributor of dangerous drugs that delivers drugs in this state to prescribers or terminal distributors of dangerous drugs shall submit to the board the following purchase information:

(1) Purchaser identification;

(2) Identification of the drug sold;

(3) Quantity of the drug sold;

(4) Date of sale;

(5) The wholesale distributor's license number issued by the board.

(B)(1) The information shall be transmitted as specified by the board in rules adopted under section 4729.84 of the Revised Code.

(2) The information shall be submitted electronically in the format specified by the board, except that the board may grant a waiver allowing the distributor to submit the information in another format.

(3) The information shall be submitted in accordance with any time limits specified by the board, except that the board may grant an extension if either of the following occurs:

(a) The distributor suffers a mechanical or electronic failure, or cannot meet the deadline for other reasons beyond the distributor's control.

(b) The board is unable to receive electronic submissions.

Baldwin's Ohio Revised Code Annotated (2016)
Title XLVII. Occupations--Professions
Chapter 4729. Pharmacists; Dangerous Drugs
Miscellaneous Provisions

§ 4729.79 Submission of information for database by licensed health professionals who personally furnish controlled substances or other dangerous drugs

(A) If the state board of pharmacy establishes and maintains a drug database pursuant to section 4729.75 of the Revised Code, each licensed health professional authorized to prescribe drugs, except as provided in division (C) of this section, who personally furnishes to a patient a controlled substance or other dangerous drug the board includes in the database pursuant to rules adopted under section 4729.84 of the Revised Code shall submit to the board the following information:

(1) Prescriber identification;

(2) Patient identification;

(3) Date drug was furnished by the prescriber;

(4) Indication of whether the drug furnished is new or a refill;

(5) Name, strength, and national drug code of drug furnished;

(6) Quantity of drug furnished;

(7) Number of days' supply of drug furnished;
(8) Source of payment for the drug furnished;

(9) Identification of the owner of the drug furnished.

(B)(1) The information shall be transmitted as specified by the board in rules adopted under section 4729.84 of the Revised Code.

(2) The information shall be submitted electronically in the format specified by the board, except that the board may grant a waiver allowing the prescriber to submit the information in another format.

(3) The information shall be submitted in accordance with any time limits specified by the board, except that the board may grant an extension if either of the following occurs:

(a) The prescriber's transmission system suffers a mechanical or electronic failure, or the prescriber cannot meet the deadline for other reasons beyond the prescriber's control.

(b) The board is unable to receive electronic submissions.

(C)(1) The information required to be submitted under division (A) of this section may be submitted on behalf of the prescriber by the owner of the drug being personally furnished or by a delegate approved by that owner.

(2) The requirements of this section to submit information to the board do not apply to a prescriber who is a veterinarian.

(D) If the board becomes aware of a prescriber's failure to comply with this section, the board shall notify the government entity responsible for licensing the prescriber.

Baldwin's Ohio Revised Code Annotated (2016)
Title XLVII. Occupations--Professions
Chapter 4729. Pharmacists; Dangerous Drugs
State Board of Pharmacy

§ 4729.01 Definitions

As used in this chapter:

. . .

(I) "Licensed health professional authorized to prescribe drugs" or "prescriber" means an individual who is authorized by law to prescribe drugs or dangerous drugs or drug therapy related devices in the course of the individual's professional practice, including only the following:

(1) A dentist licensed under Chapter 4715. of the Revised Code;

(2) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who holds a certificate to prescribe issued under section 4723.48 of the Revised Code;

(3) An optometrist licensed under Chapter 4725. of the Revised Code to practice optometry under a therapeutic pharmaceutical agents certificate;

(4) A physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery;

(5) A physician assistant who holds a license to practice as a physician assistant issued under Chapter 4730. of the Revised Code, holds a valid prescriber number issued by the state medical board, and has been granted physician-delegated prescriptive authority;

(6) A veterinarian licensed under Chapter 4741. of the Revised Code.

. . .

(O) "Wholesale distributor of dangerous drugs" means a person engaged in the sale of dangerous drugs at wholesale and includes any agent or employee of such a person authorized by the person to engage in the sale of dangerous drugs at wholesale.

. . .

(Q) "Terminal distributor of dangerous drugs" means a person who is engaged in the sale of dangerous drugs at retail, or any person, other than a wholesale distributor or a pharmacist, who has possession, custody, or control of dangerous drugs for any purpose other than for that person's own use and consumption, and includes pharmacies, hospitals, nursing homes, and laboratories and all other persons who procure dangerous drugs for sale or other distribution by or under the supervision of a pharmacist or licensed health professional authorized to prescribe drugs.

. . .

Baldwin's Ohio Administrative Code Annotated (2016)
4729 Pharmacy Board
Chapter 4729-37. Dangerous Drug Database

4729-37-02 List of drugs to be reported
Pursuant to section 4729.75 of the Revised Code, required information for the following list of drugs pursuant to an outpatient prescription, personally furnished by a prescriber, or sold at wholesale to a prescriber or a terminal distributor of dangerous drugs shall be

submitted to the board of pharmacy pursuant to sections 4729.77, 4729.78 and 4729.79 of the Revised Code:

(A) All schedule II controlled substances;

(B) All schedule III controlled substances;

(C) All schedule IV controlled substances;

(D) All schedule V controlled substances.

Baldwin's Ohio Administrative Code Annotated (2016)
4729 Pharmacy Board
Chapter 4729-37. Dangerous Drug Database

4729-37-03 Entities required to submit information

The following entities are required to submit the specified dispensing, personal furnishing, or wholesale sale information to the board of pharmacy for the drug database:

(A) All pharmacies located outside this state and licensed as a terminal distributor of dangerous drugs shall report all drugs identified in rule 4729-37-02 of the Administrative Code that are dispensed to outpatients residing in this state.

(B) All pharmacies located within this state and licensed as a terminal distributor of dangerous drugs shall report all drugs identified in rule 4729-37-02 of the Administrative Code that are dispensed to all outpatients.

(C) All wholesalers licensed as a wholesale distributor of dangerous drugs that sell drugs identified in rule 4729-37-02 of the Administrative Code at wholesale shall report those drug transactions.

(D) All pharmacies licensed as a terminal distributor of dangerous drugs that sell drugs identified in rule 4729-37-02 of the Administrative Code at wholesale shall report those drug transactions.

(E) All prescribers, except veterinarians, located within this state shall report all drugs identified in rule 4729-37-02 of the Administrative Code that are personally furnished to outpatients.

Baldwin's Ohio Administrative Code Annotated (2016)
4729 Pharmacy Board
Chapter 4729-37. Dangerous Drug Database

4729-37-04 Information required for submission

(A) Pharmacies pursuant to paragraphs (A) and (B) of rule 4729-37-03 of the Administrative Code that dispense drugs identified in rule 4729-37-02 of the Administrative Code to outpatients residing in this state must report the following dispensing information to the board of pharmacy:

(1) Pharmacy drug enforcement administration registration number. If not applicable, another mutually acceptable identifier;

(2) Pharmacy name;

(3) Pharmacy address;

(4) Pharmacy telephone number;

(5) Patient full name;

(6) Patient residential address;

(7) Patient telephone number;

(8) Patient date of birth;

(9) Patient gender;

(10) Prescriber's full name (first name and last name)

(11) Prescriber's drug enforcement administration registration number. If not applicable, another mutually acceptable identifier;

(12) Date prescription was issued by the prescriber;

(13) Date the prescription was dispensed by the pharmacy;

(14) Indication of whether the prescription dispensed is new or a refill;

(15) Number of the refill being dispensed;

(16) National drug code of the actual drug dispensed;
(17) Quantity of drug dispensed;

(18) Number of days' supply of drug dispensed;

(19) Serial or prescription number assigned to the prescription order;

(20) Source of payment for the prescription that indicates one of the following: private pay (cash), medicaid, medicare, commercial insurance, or workers' compensation;

(21) Pharmacy national provider identification (NPI) number; and

(22) Prescriber's national provider identification (NPI) number, unless the prescriber is a licensed veterinarian as defined in section 4741.01 of the Revised Code.

(B) Prescribers pursuant to paragraph (E) of rule 4729-37-03 of the Administrative Code that personally furnish drugs identified in rule 4729-37-02 of the Administrative Code to outpatients must report the following dispensing information to the board of pharmacy:

(1) Prescriber drug enforcement administration registration number. If not applicable, another mutually acceptable identifier;

(2) Prescriber full name (first and last name);

(3) Prescriber address;

(4) Prescriber telephone number;

(5) Patient full name;

(6) Patient residential address;

(7) Patient telephone number;

(8) Patient date of birth;

(9) Patient gender;

(10) Date the drug was personally furnished by the prescriber;

(11) National drug code of the actual drug dispensed;

(12) Quantity of drug dispensed;

(13) Number of days' supply of drug dispensed; and

(14) Source of payment for the prescription that indicates one of the following: private pay (cash), medicaid, medicare, commercial insurance, or workers' compensation.

(C) Wholesalers and pharmacies pursuant to paragraphs (C) and (D) of rule 4729-37-03 of the Administrative Code that sell drugs identified in rule 4729-37-02 of the Administrative Code at wholesale must at least report the following information to the board of pharmacy in the format described in rule 4729-37-06 of the Administrative Code:

(1) Wholesaler or pharmacy drug enforcement administration registration number. If not applicable, then another mutually acceptable identifier;

(2) Purchaser's drug enforcement administration registration number. If not applicable, then another mutually acceptable identifier;

(3) National drug code number of the actual drug sold;

(4) Quantity of the drug sold;

(5) Date of sale; and

(6) Transaction identifier or invoice number.

Baldwin's Ohio Administrative Code Annotated (2016)
4729 Pharmacy Board
Chapter 4729-37. Dangerous Drug Database

4729-37-05 Electronic format required for the transmission of dispensing information

(A) All pharmacy dispensing information or prescriber personally furnishing information required to be submitted to the board of pharmacy pursuant to rule 4729-37-04 of the Administrative Code must be transmitted in the format specified by the "American Society for Automation in Pharmacy" (ASAP) for prescription monitoring programs.

(B) In the event that a pharmacy or a prescriber cannot electronically transmit the required information pursuant to rule 4729-37-04 of the Administrative Code they must immediately contact the board of pharmacy to determine a mutually acceptable method of reporting. The pharmacy or prescriber must document in writing to the board of pharmacy the reasons for their inability to submit the required information.

Baldwin's Ohio Administrative Code Annotated (2016)
4729 Pharmacy Board
Chapter 4729-37. Dangerous Drug Database

4729-37-06 Electronic format required for the transmission of wholesale drug sales

(A) All wholesale data required to be submitted to the board of pharmacy pursuant to paragraph (B) of rule 4729-37-04 of the Administrative Code must be transmitted in the report format used when transmitting controlled substance data to the federal drug enforcement administration via the "Automation of Reports and Consolidated Orders System (ARCOS)" or other mutually acceptable format.

(B) In the event that a wholesaler or pharmacy cannot electronically transmit the required information pursuant to paragraph (B) of rule 4729-37-04 of the Administrative Code they must immediately contact the board of pharmacy to determine a mutually acceptable method of reporting. The wholesaler or pharmacy must document in writing to the board of pharmacy the reasons for their inability to submit the required information.

Baldwin's Ohio Administrative Code Annotated (2016)
4729 Pharmacy Board
Chapter 4729-37. Dangerous Drug Database

4729-37-07 Frequency requirements for submitting drug database information

(A) A pharmacy or prescriber that has possessed for the purpose of dispensing or personally furnishing a reported drug (including a sample drug) within the previous two years shall submit to the board of pharmacy, at least daily, either of the following:

(1) All drug dispensing and personally furnishing information required to be submitted to the board of pharmacy pursuant to rules 4729-37-02 and 4729-37-04 of the Administrative Code.

(2) A "Zero Report", if a pharmacy has no drug dispensing information or a prescriber has no personally furnishing information required to be submitted to the board of pharmacy pursuant to rules 4729-37-02 and 4729-37-04 of the Administrative Code.

(B) The dispensing report, the personally furnishing information, or the "Zero Report" shall be consecutive and inclusive from the last date and time that information was submitted and shall be reported no later than thirty-six hours after the last time reported on a previous report.

(C) Any record of a dispensed or personally furnished reportable drug shall be reported to the board of pharmacy within twenty-four hours of being dispensed or personally furnished.

(D) Any pharmacy or prescriber whose normal business hours are not seven days per week shall electronically indicate their normal business hours to the board and a "Zero Report" will be automatically submitted on their behalf on non-business days.

(E) If a pharmacy or prescriber ceases to possess for the purpose of dispensing or personally furnishing any reported drug (including a sample drug), the responsible person shall notify the board of pharmacy electronically or in writing. The board shall be notified if the pharmacy or prescriber resumes dispensing or personally furnishing a reportable drug, including a sample drug.

(F) All wholesale drug sale information required to be submitted to the board of pharmacy pursuant to rules 4729-37-02 and 4729-37-04 of the Administrative Code must be submitted monthly as follows:

(1) During the first through the fifteenth day of each month; and

(2) The information shall be consecutive and inclusive from the last date and time information was submitted and shall be reported no later than forty-five days after the date of the wholesale sale.

(G) In the event that a wholesaler, prescriber, or pharmacy cannot submit the required information as described in this rule, the responsible person must immediately contact the board of pharmacy to determine a mutually acceptable time for submission of information. The reasons for the inability of the wholesaler, prescriber, or pharmacy to submit the required information must be documented in writing to the board of pharmacy.

Baldwin's Ohio Administrative Code Annotated (2016)
4729 Pharmacy Board
Chapter 4729-37. Dangerous Drug Database

4729-37-11 Corrections to the drug database

(A) Drug dispensing and wholesale drug sale information must be submitted to the drug database in an accurate and timely manner pursuant to rule 4729-37-07 of the Administrative Code.

(B) If the omission of drug dispensing or wholesale drug sale information is discovered, the omitted information must be submitted to the board of pharmacy by the pharmacy, prescriber, or wholesaler during the next reporting time period after the discovery.
(C) If erroneous drug dispensing or wholesale drug sale information is discovered, the corrected information must be submitted to the board of pharmacy by the pharmacy, prescriber or wholesaler during the next reporting time period after the discovery.

(D) If the omission of data or erroneous data is the result of a computer programming error, the pharmacy, prescriber, or wholesaler must notify the board of pharmacy immediately by telephone and submit written documentation. The documentation shall fully describe the error and propose a date for submitting the corrected drug information.

The board will review the written documentation to assure compliance with paragraph (A) of this rule.

(E) Except as noted in paragraph (D) of this rule, all data must be submitted or corrected electronically unless prior permission for an alternate method is approved by the board of pharmacy.

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Oklahoma
63 § 2-309C
63 § 2-309B
ADC 475:45-1-2

Oklahoma Statutes Annotated (2016)
Title 63. Public Health and Safety
Chapter 2. Uniform Controlled Dangerous Substances Act
Article III. Regulation of Manufacture, Distribution, Dispensing, Prescribing, Administering and Using for Scientific Purposes of Controlled Dangerous Substances
Anti-Drug Diversion Act

§ 2-309C. Dispensers of Schedule II, III, IV or V controlled dangerous substances--Transmittal of certain information to central repository--Willful failure to transmit--Monitoring of pseudoephedrine product sales

A. A dispenser of a Schedule II, III, IV or V controlled dangerous substance dispensed pursuant to a valid prescription shall transmit to a central repository designated by the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control using the American Society for Automation in Pharmacy's (ASAP) Telecommunications Format for Controlled Substances version designated in rules by the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control, the following information for each dispensation:

1. Recipient's and recipient's agent's name;

2. Recipient's and recipient's agent's address;

3. Recipient's and recipient's agent's date of birth;

4. Recipient's and recipient's agent's identification number;

5. National Drug Code number of the substance dispensed;

6. Date of the dispensation;

7. Quantity of the substance dispensed;

8. Prescriber's United States Drug Enforcement Agency registration number;

9. Dispenser's registration number; and

10. Other information as required by administrative rule.

B. The information required by this section shall be transmitted:

1. In a format or other media designated acceptable by the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control; and

2. Within twenty-four (24) hours of the time that the substance is dispensed. Beginning January 1, 2012, all information shall be submitted on a real-time log.

C. When a prescription is written or dispensed to a resident of a nursing home or a person who is under the care of a hospice program licensed pursuant to the provisions of the Oklahoma Hospice Licensing Act who does not have an identification card issued by the state or another form of a recipient identification number pursuant to Section 2-309B of this title, a Social Security number may be used for the purpose of complying with the reporting requirements provided for in this section.

D. Willful failure to transmit accurate information as required by this section shall be a misdemeanor punishable, upon conviction, by not more than one (1) year in the county jail, or by a fine of not more than One Thousand Dollars ($1,000.00), or by both such imprisonment and fine, or administrative action may be taken pursuant to Section 2-304 of this title.

E. The Director of the Bureau shall have the authority to allow paper submissions on a form designated by the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control, if the dispenser has an appropriate hardship.

Oklahoma Statutes Annotated (2016)
Title 63. Public Health and Safety
Chapter 2. Uniform Controlled Dangerous Substances Act
Article III. Regulation of Manufacture, Distribution, Dispensing, Prescribing, Administering and Using for Scientific Purposes of Controlled Dangerous Substances
Anti-Drug Diversion Act

§ 2-309B. Definitions

For the purposes of the Anti-Drug Diversion Act:

. . .

2. “Dispenser” means a person who distributes a Schedule II controlled dangerous substance, but does not include a licensed hospital pharmacy or a licensed nurse or medication aide who administers such a substance at the direction of a licensed physician;

. . .

Oklahoma Administrative Code (2016)

Title 475. Oklahoma Bureau of Narcotics and Dangerous Drugs Control
Chapter 45. Oklahoma Control Reporting Requirements

475:45-1-2. Required reporting of certain information

(a) Every pharmacy or dispensing practitioner filling any schedule II, III, IV or V prescriptions must report the following information to a central repository maintained by the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control (OBN). The information must include, but not be limited to, the following:

(1) Recipient's name;

(2) Recipient's identification number;

(3) National Drug Code number of the substance dispensed;

(4) Date of the dispensation;

(5) Quantity of the substance dispensed;

(6) Prescriber's U.S. Drug Enforcement Administration registration number; and

(7) Dispenser's registration number and location.

(b) The term 'recipient' is also intended to include reporting the required information concerning the recipient's agent as defined by 63 O.S. § 2-309B.

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Oregon
§ 431A.860
ADC 333-023-0810

West's Oregon Revised Statutes Annotated (2016)
Title 36. Public Health and Safety
Chapter 431A. Public Health Programs and Activities
Prescription Monitoring Program
(Program)

§ 431A.860. Electronic reporting requirements

<Text subject to final change by the Oregon Office of the Legislative Counsel>

(1) Not later than 72 hours after dispensing a prescription drug that is subject to the prescription monitoring program established under ORS 431.962, a pharmacy shall electronically report to the Oregon Health Authority:

(a) The name, address, date of birth and sex of the patient for whom the prescription drug was prescribed;

(b) The identity of the pharmacy that dispensed the prescription drug and the date on which the prescription drug was dispensed;

(c) The identity of the practitioner who prescribed the prescription drug and the date on which the prescription drug was prescribed;

(d) The national drug code number for the prescription drug;

(e) The prescription number assigned to the prescription drug;

(f) The quantity of the prescription drug dispensed;

(g) The number of days for which the prescription drug was dispensed; and

(h) The number of refills of the prescription authorized by the practitioner and the number of the refill that the pharmacy dispensed.

(2)(a) Notwithstanding subsection (1) of this section, the authority may not:

(A) Require the reporting of prescription drugs administered directly to a patient or dispensed pursuant to ORS 127.800 to 127.897;

(B) Collect or use Social Security numbers in the prescription monitoring program; or

(C) Disclose under ORS 431.966 (2)(a) the sex of the patient for whom a drug was prescribed.

(b) The sex of the patient for whom a drug was prescribed may be disclosed only for the purpose of research or epidemiological study under ORS 431.966 (2)(b).

(3) Upon receipt of the data reported pursuant to subsection (1) of this section, the authority shall record the data in the electronic system established, maintained and operated pursuant to ORS 431.962.

(4)(a) The authority may, for good cause as determined by the authority, grant a pharmacy a waiver of the requirement that the information to be reported under subsection (1) of this section be submitted electronically. The waiver must state the format, method and frequency of the alternate nonelectronic submissions from the pharmacy and the duration of the waiver.

(b) As used in this subsection, "good cause" includes financial hardship.

(5) This section does not apply to pharmacies in institutions as defined in ORS 179.010.

Oregon Administrative Rules Compilation (2016)
Chapter 333. Oregon Health Authority, Public Health Division
Division 23. Prescription Drug Monitoring Program

333-023-0810. Reporting Requirements

(1) Not later than 72 hours after dispensing a controlled substance a pharmacy shall electronically report to the Authority the following information for prescription drugs dispensed that are classified in schedules II through IV under the federal Controlled Substances Act, 21 U.S.C. 811 and 812, as modified by the State Board of Pharmacy by rule under ORS 475.035:

(a) Patient's full name, address, date of birth, and sex;

(b) Pharmacy Drug Enforcement Administration Registration Number (or other identifying number in lieu of such registration number);

(c) Prescriber name and Drug Enforcement Administration Registration Number (or other identifying number in lieu of such registration number);

(d) Identification of the controlled substance using a national drug code number;
(e) Prescription number;

(f) Date the prescription was written;

(g) Date the drug was dispensed;

(h) Number of metric units dispensed;

(i) Number of days supplied; and

(j) Number of refills authorized by the prescriber and the number of the fill of the prescription.

(2) A pharmacy located outside of the state and licensed by the Oregon Board of Pharmacy shall electronically report the required information for controlled substances dispensed to residents of Oregon.

(3) A pharmacy shall submit data formatted in the American Society for Automation in Pharmacy (ASAP) 2007 version 4 release 1 specification standard.

(4) Data submitted by a pharmacy shall meet criteria prescribed by the Authority before it is uploaded into the system.

(5) A pharmacy shall be responsible for the correction of errors in the submitted data. Corrections shall be submitted no later than one week after the data was submitted.

(6) A pharmacy that has not dispensed any controlled substances during a seven-day reporting period must submit a zero report to the Authority at the end of the reporting period.

(7) A pharmacy that does not dispense any controlled substances or any controlled substances directly to a patient may request a waiver from the Authority for exemption from the reporting requirement. A pharmacy requesting a no reporting waiver shall submit to the Authority a written waiver request form provided by the Authority.

(8) If the Authority approves or denies the no reporting waiver request, the Authority shall provide written notification of approval or denial to the pharmacy. The duration of the waiver shall be two years at which time the pharmacy must reapply.

(9) A pharmacy may request a waiver from the Authority for exemption from the electronic reporting method. A pharmacy requesting an electronic reporting waiver shall submit to the Authority a written waiver request form provided by the Authority that contains the reason for the requested waiver.

(10) The Authority may grant a waiver of the electronic reporting requirement for good cause as determined by the Authority. Good cause includes financial hardship and not having an automated recordkeeping system.

(a) If the Authority approves the electronic reporting waiver, the Authority shall provide written notification to the pharmacy. The Authority shall determine an alternative reporting method for the pharmacy granted a waiver. The duration of the waiver shall be two years at which time the pharmacy must reapply.

(b) If the Authority denies the electronic reporting waiver, the Authority shall provide written notification to the pharmacy explaining why the request was denied. The Authority may offer alternative suggestions for reporting to facilitate participation in the program.

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Pennsylvania
35 § 872.3
35 § 872.7

Purdon's Pennsylvania Statutes and Consolidated Statutes (2016)
Title 35 P.S. Health and Safety
Chapter 6B. Drugs, Poisons and Dangerous Substances
Achieving Better Care by Monitoring All Prescriptions Program (Abc-Map) Act

§ 872.3. Definitions

The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:

. . .

"Dispense." To deliver a controlled substance, other drug or device to a patient by or pursuant to the lawful order of a prescriber.

"Dispenser." A person lawfully authorized to dispense in this Commonwealth, including mail order and Internet sales of pharmaceuticals. The term does not include any of the following:

(1) A licensed health care facility that distributes the controlled substance for the purpose of administration in the licensed health care facility.

(2) A correctional facility or its contractors if the confined person cannot lawfully visit a prescriber outside the correctional facility without being escorted by a corrections officer.

(3) An authorized person who administers a controlled substance, other drug or device.

(4) A wholesale distributor of a controlled substance.

(5) A licensed provider in the LIFE program.

(6) A provider of hospice as defined in the act of July 19, 1979 (P.L. 130, No. 48), known as the Health Care Facilities Act.

(7) A prescriber at a licensed health care facility if the quantity of controlled substances dispensed is limited to an amount adequate to treat the patient for a maximum of five days and does not allow for a refill.

(8) A veterinarian.

. . .

Purdon's Pennsylvania Statutes and Consolidated Statutes (2016)
Title 35 P.S. Health and Safety
Chapter 6B. Drugs, Poisons and Dangerous Substances
Achieving Better Care by Monitoring All Prescriptions Program (Abc-Map) Act

§ 872.7. Requirements for dispensers and pharmacies

(a) Submission.--A dispenser or pharmacy shall, according to the format determined by the board, electronically submit information to the system regarding each controlled substance dispensed.

(b) Data elements.--All of the following information shall be provided by a dispenser or pharmacy:

(1) The full name of the prescriber.

(2) The prescriber's Drug Enforcement Agency (DEA) registration number.

(3) The date the prescription was written.

(4) The date the prescription was dispensed.

(5) The full name, date of birth, gender and address of the person for whom the prescription was written and dispensed.

(6) The National Drug Code.

(7) Quantity and Days' supply.

(8) The DEA registration number and National Provider Identifier of the dispenser or pharmacy.

(9) The method of payment for the prescription.

(c) Frequency.--A dispenser or pharmacy shall submit all information required under subsection (b) to the system no later than 72 hours after dispensing a controlled substance.

(d) Dispenser designee.--Dispensers may designate other pharmacy employees for purposes of accessing the system according to standards established by the board.

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Rhode Island
ADC 31-2-1:2.0
ADC 31-2-1:3.0

West's Rhode Island Administrative Code (2016)
Title 31. Health Department
Division 2. Drug Control
Rule 1. Rules and Regulations Governing Electronic Data Transfer of Controlled Substances in Schedules II, III and IV [R21-28-Edt]

31-2-1:2.0. General Requirements

2.1 (a) A pharmacy that dispenses schedule II, III or IV controlled substances shall transmit the prescription information for these controlled substances to the Department in accordance with § 3.1 and § 3.2 of these Regulations.

(b) A hospital pharmacy, long term care facility pharmacy or correctional facility pharmacy shall transmit controlled substance prescription information for outpatients only.

(1) A pharmacy, required to submit data pursuant to § 2.1(b) of these Regulations, who does not dispense any outpatient controlled substance prescription during a calendar year shall submit a "zero fill affidavit" to the Department no later than January 31st of the following calendar year.

(c) A nonresident pharmacy shall be considered a pharmacy for the purpose of compliance with the reporting requirements of these Regulations.

2.2 through 2.4 [DELETED]

West's Rhode Island Administrative Code (2016)
Title 31. Health Department
Division 2. Drug Control
Rule 1. Rules and Regulations Governing Electronic Data Transfer of Controlled Substances in Schedules II, III and IV [R21-28-Edt]

31-2-1:3.0. Reporting and Management of Information

3.1 (a) A pharmacy that dispenses a schedule II, III or IV controlled substance to a person, who is not an inpatient of a hospital, correctional institution or nursing facility, shall transmit electronically to the Department the information set forth in the edition of the Electronic Reporting Standard for Prescription Monitoring Programs, established by the

American Society for Automation in Pharmacy, that is currently approved by the Department.

(b) The information transmitted electronically by the pharmacy shall include the following:

(1) Pharmacy Drug Enforcement Administration identification number;

(2) Patient last name;

(3) Patient first name;

(4) Patient street address;

(5) City;

(6) State;

(7) Date of birth;

(8) Gender code;

(9) Prescription species code;

(10) Prescription number;

(11) Date prescription written;

(12) Number of refills authorized;

(13) Date prescription filled;

(14) Refill number;

(15) National Drug Code number;

(16) Quantity dispensed;

(17) Days supply;

(18) Payment code for either cash or third-party provider; and

(19) Prescriber Drug Enforcement Administration identification number.

3.2 (a) A pharmacy shall transmit the required prescription information by means of a secure web-based data system, or other approved electronic methods, designated by the Department.

(b) A pharmacy shall transmit the information required pursuant to these Regulations within seventy-two (72) hours following the date of dispensing.

(c) [DELETED]

(d) A pharmacy shall transmit the information required pursuant to these Regulations to the Department in such a manner as to insure the confidentiality of the information in compliance with all applicable federal and state statutes and regulations, including the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

(e) Any pharmacist who, in his or her professional judgment, refuses to fill a prescription based on information contained within the prescription drug monitoring database shall inform the prescribing physician within twenty-four (24) hours.

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South Carolina
§ 44-53-1640
§ 44-53-1630

Code of Laws of South Carolina 1976 Annotated (2016)
Title 44. Health
Chapter 53. Poisons, Drugs and Other Controlled Substances
Article 15. Prescription Monitoring Program

§ 44-53-1640. Authority to establish and maintain prescription monitoring program; electronic submission of information by dispensers; exemptions.

(A) The Department of Health and Environmental Control, Bureau of Drug Control may establish and maintain a program to monitor the prescribing and dispensing of all Schedule II, III, and IV controlled substances by professionals licensed to prescribe or dispense these substances in this State.

(B)(1) A dispenser shall submit to drug control, by electronic means, information regarding each prescription dispensed for a controlled substance. The following information must be submitted for each prescription:

(a) dispenser DEA registration number;

(b) date drug was dispensed;

(c) prescription number;

(d) whether prescription is new or a refill;

(e) NDC code for drug dispensed;

(f) quantity dispensed;

(g) approximate number of days supplied;

(h) patient name;

(i) patient address;

(j) patient date of birth;

(k) prescriber DEA registration number;

(l) date prescription issued by prescriber.

(2) A dispenser shall submit the information required pursuant to subsection (B)(1) in accordance with transmission methods and protocols provided in the latest edition of the "ASAP Telecommunications Format for Controlled Substances", developed by the American Society for Automation in Pharmacy.

(3) Drug control may issue a waiver to a dispenser who is unable to submit prescription information by electronic means. The waiver may permit the dispenser to submit prescription information by paper form or other means if all information required pursuant to subsection (B)(1) is submitted in this alternative format.

Code of Laws of South Carolina 1976 Annotated (2016)
Title 44. Health
Chapter 53. Poisons, Drugs and Other Controlled Substances
Article 15. Prescription Monitoring Program

§ 44-53-1630. Definitions.

As used in this section:

. . .

(2) "Dispenser" means a person who delivers a Schedule II-IV controlled substance to the ultimate user, but does not include:

(a) a licensed hospital pharmacy that distributes controlled substances for the purpose of inpatient hospital care or dispenses prescriptions for controlled substances at the time of discharge from the hospital;

(b) a practitioner or other authorized person who administers these controlled substances; or

(c) a wholesale distributor of a Schedule II-IV controlled substance.

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South Dakota
§ 34-20E-2
§ 34-20E-1

South Dakota Codified Laws (2016)
Title 34. Public Health and Safety
Chapter 34-20E. Prescription Drug Monitoring Program

§ 34-20E-2. Prescription drug monitoring program to be established

The board shall establish and maintain a prescription drug monitoring program to monitor the prescribing and dispensing of all controlled substances. **The program shall utilize a central repository, to which each dispenser shall submit, by electronic means, information regarding each prescription dispensed for a controlled substance. The information submitted for each prescription shall include specifically identified data elements adopted by the board and contained in the 2005 version of the electronic reporting standard for prescription monitoring programs, version 003, release 000, of the American Society for Automation in Pharmacy**.

South Dakota Codified Laws (2016)
Title 34. Public Health and Safety
Chapter 34-20E. Prescription Drug Monitoring Program

§ 34-20E-1. Definition of terms

Terms used in this chapter mean:

. . .

(7) "Dispenser," any person who delivers a controlled substance to the ultimate user, but does not include:

(a) A licensed hospital pharmacy that provides a controlled substance for the purpose of inpatient hospital care;

(b) A licensed health care provider or other authorized individual in those instances when the practitioner administers a controlled substance to a patient; or

(c) A licensed veterinarian;

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Tennessee
§ 53-10-304
§ 53-10-305
§ 53-10-302
§ 53-11-308
ADC 1140-11-.04

West's Tennessee Code Annotated (2016)
Title 53. Food, Drugs and Cosmetics
Chapter 10. Legend Drugs
Part 3. Tennessee Prescription Safety Act of 2016

§ 53-10-304. Controlled substance database; administration; purpose; data reporting

(a) There is created within the department a controlled substance database. The director of the controlled substance database shall be responsible for determining staffing in consultation with the executive director of the board of pharmacy.

(b) The director shall administer, maintain, and direct the functioning of the database in accordance with this part. The department in consultation with the committee and board may, under state procurement laws, contract with another state agency or private entity to establish, operate, or maintain the database. Additionally, the department, in consultation with the committee and board, shall determine whether to operate the database within the department or contract with another entity to operate the database, based on an analysis of costs and benefits.

(c) The purpose of the database is to increase the quality of patient care by equipping healthcare practitioners with accurate, timely information that practitioners can use to determine when patients acquiring controlled substances may require counseling or intervention for substance abuse, by collecting and maintaining data as described in this part regarding all controlled substances in Schedules II, III, and IV dispensed in this state, and Schedule V controlled substances identified by the controlled substance database committee as demonstrating a potential for abuse. Further, the database is to be used to assist in research, statistical analysis, criminal investigations, enforcement of standards of health professional practice, and state or federal laws involving controlled substances.

(d) The data required by this part shall be submitted in compliance with this part to the database by any healthcare practitioner who dispenses a controlled substance contained in Schedules II, III, and IV, and Schedule V controlled substances identified by the committee as demonstrating a potential for abuse, or by any healthcare practitioner delegate who is designated to submit data on a healthcare practitioner's behalf. The reporting requirement shall not apply for the following:

(1) A drug administered directly to a patient;

(2) Complimentary packages of medicinal drugs that are labeled as a drug sample or complimentary drug dispersed to the practitioner's own patients adequate to treat the patient for a maximum of forty-eight (48) hours in the regular course of practice without the payment of a fee or remuneration of any kind;

(3) A sample of a schedule IV or schedule V controlled substance in a quantity limited to an amount that is adequate to treat a patient for a maximum of seventy-two (72) hours or a sample of a non-narcotic schedule V controlled substance in a quantity limited to an amount that is adequate to treat a patient for a maximum of fourteen (14) days, provided without charge by a medical doctor, osteopathic physician, advanced practice nurse with certificates of fitness to prescribe, or physician assistant working at a pain management clinic from providing to that practitioner's patient;

(4) Any drug dispensed by a licensed veterinarian; provided, that the quantity dispensed is limited to an amount adequate to treat the non-human patient for a maximum of five (5) days;

(5) Any entity that is registered by the United States drug enforcement administration (DEA) as a narcotic treatment program and is subject to the recordkeeping provisions of 21 CFR 1304.24; or

(6) Any drug dispensed or distributed by a facility; provided, that the quantity dispensed or distributed is limited to an amount that is adequate to treat the patient for a maximum of forty-eight (48) hours.

West's Tennessee Code Annotated (2016)
Title 53. Food, Drugs and Cosmetics
Chapter 10. Legend Drugs
Part 3. Tennessee Prescription Safety Act of 2016

§ 53-10-305. Controlled substance database registration; dispenser information; electronic transmission

(a) All healthcare practitioners who prescribe or dispense controlled substances in practice providing direct care to patients in this state by prescribing or dispensing on more than fifteen (15) days in a calendar year total and are required to have a federal drug enforcement administration (DEA) registration pursuant to federal law shall be registered in the controlled substance database. Healthcare practitioners or their agents shall have up to thirty (30) calendar days after receiving a DEA number to register in the database; such privilege shall apply equally to both prescribers and dispensers. Licensed veterinarians who never prescribe or dispense controlled substances in an amount intended to treat a nonhuman patient for more than five (5) days shall not be required to register in the database.

(b)(1) Each healthcare practitioner or healthcare practitioner's agent shall, regarding each controlled substance dispensed, submit to the database all of the following information:

(A) Prescriber identifier;

(B) Dispensing date of controlled substance;

(C) Patient identifier;

(D) Controlled substance dispensed identifier;

(E) Quantity of controlled substance dispensed;

(F) Strength of controlled substance dispensed;

(G) Estimated days' supply;

(H) Dispenser identifier;

(I) Date the prescription was issued by the prescriber;

(J) Whether the prescription was new or a refill;

(K) Source of payment; and

(L) Other relevant information as required by rule.

(2) The information in the database, as required by subdivision (b)(1), shall be submitted by a procedure and in a format established by the committee, for each business day but no later than the close of business on the following business day; provided, that a veterinarian shall submit information at least once every fourteen (14) days and shall not be required to use a computerized system in order to submit required information pursuant to this section.

(c) The commissioner, pursuant to § 53-10-311, shall have the authority to change the length of time in which healthcare practitioners are required to submit to the database through the promulgation of rules pursuant to the Uniform Administrative Procedures Act, compiled in title 4, chapter 5. When the committee shortens the length of time in which healthcare practitioners are required to submit information to the database, the department shall provide notice to all healthcare practitioners who are registered in the database at least sixty (60) days prior to the date in which the rule goes into effect. If the committee, pursuant to § 53-10-311, shortens the length of time in which healthcare practitioners must submit information to the database, a healthcare practitioner may provide to the committee a written statement indicating why it creates a hardship for that healthcare practitioner to submit information within that time period, and the committee may grant an extension up to seven (7) days within which that healthcare practitioner shall

submit the information to the database. Such a hardship extension shall be valid for two (2) years and may be renewed by the committee upon request of the healthcare practitioner.

(d) Any healthcare practitioner, except veterinarian healthcare practitioners, that uses a computerized system to record information concerning the dispensing of controlled substances, shall submit the required information to the database utilizing nationally recognized pharmacy telecommunications format standards.

(e) The commissioner, pursuant to § 53-10-311, shall maintain the database in an electronic file or by other means established by the commissioner in such a manner so as not to infringe on the legal use of controlled substances, and in such a manner as to facilitate use of the database by the committee for identification of:

(1) Prescribing and dispensing practices and patterns of prescribing and dispensing controlled substances; and

(2) Individuals, facilities or entities that receive prescriptions for controlled substances from healthcare practitioners, and who subsequently obtain dispensed controlled substances from a healthcare practitioner in quantities or with a frequency inconsistent with generally recognized standards of dosage for that controlled substance, or by means of forged or otherwise false or altered prescriptions.

(f) The committee or the commissioner or a designee appointed by the committee or commissioner may review information in the database. If the committee or commissioner or their designee determines from review that a healthcare practitioner has committed a violation of the law, the committee or commissioner shall notify the entity responsible for licensure, regulation, or discipline of that healthcare practitioner and shall supply information required by the entity for an investigation of the violation of the law that may have occurred.

(g)(1)(A) The commissioner, pursuant to § 53-10-311, shall by rule establish the electronic format in which the information required under this section shall be submitted to the database and the committee shall allow for waiver of electronic reporting for individual healthcare practitioners for whom it would cause undue hardship as determined by the committee. The waiver may be valid for two (2) years from ratification by the committee.

(B) The committee may authorize a designee to initially approve a waiver subject to ratification by the committee.

(2) The commissioner shall ensure the database system records and maintains for reference for a period of at least one (1) year:

(A) The identification of each person who requests or receives information from the database;
(B) The information provided to each person; and

(C) The date and time the information is requested or provided.

(h) The commissioner, in consultation with the committee, shall make rules to:

(1) Effectively enforce the limitations on access to the database as described in this part; and

(2) Establish standards and procedures to ensure accurate identification of individuals requesting information or receiving information from the database without a request.

West's Tennessee Code Annotated (2016)
Title 53. Food, Drugs and Cosmetics
Chapter 10. Legend Drugs
Part 3. Tennessee Prescription Safety Act of 2016

§ 53-10-302. Definitions

As used in this part:

. . .

(9) "Healthcare practitioner," for purposes of this part only, means:

(A) A person licensed, registered, or otherwise permitted to prescribe, distribute, or dispense a controlled substance in the course of professional practice;

(B) A pharmacy, hospital or other institution licensed, registered, or otherwise permitted to distribute, dispense, or administer a controlled substance in the course of professional practice; or

(C) A certified registered nurse anesthetist (CRNA) as described in § 63-7-103.

. . .

West's Tennessee Code Annotated (2016)
Title 53. Food, Drugs and Cosmetics
Chapter 11. Narcotic Drugs and Drug Control
Part 3. Regulations and Registration

§ 53-11-308. Prescriptions

. . .

(f) If a prescriber dispenses any opioids, benzodiazepines, barbiturates, or carisoprodol, then the prescriber shall submit the transaction to the controlled substances monitoring database operated under chapter 10, part 3 of this title.

. . .

Tennessee Rules and Regulations (2016)
1140. Board of Pharmacy
Chapter 1140-11. Controlled Substance Monitoring Database

1140-11-.04 SUBMISSION OF INFORMATION.

(1) Each dispenser or dispenser's agent shall, regarding each controlled substance dispensed, submit to the database all of the following information:

(a) Prescriber identifier;

(b) Dispensing date of controlled substance;

(c) Patient identifier and/or client identifier;

(d) Controlled substance dispensed identifier;

(e) Quantity of controlled substance dispensed;

(f) Strength of controlled substance dispensed;

(g) Estimated number of days' supply;

(h) Dispenser identifier;

(i) Date the prescription was issued by the prescriber;

(j) Whether the prescription was new or a refill; and
(k) Source of payment.

(2) The information in the database, as required by paragraph one (1) above, shall be submitted at least once every seven (7) days for all controlled substances dispensed during the preceding seven (7) day period.

(3) The data required by this rule shall be submitted to the database by any dispenser, or dispenser's agent, who dispenses a controlled substance contained in Schedules II, III, and IV, and Schedule V controlled substances identified by the Committee as demonstrating a potential for abuse.

(4) The reporting requirement shall not apply for the following:

(a) A drug administered directly to a patient;

(b) Any drug sample dispensed;

(c) Any drug dispensed by a licensed veterinarian; provided, that the quantity dispensed is limited to an amount adequate to treat the non-human patient for a maximum of forty-eight (48) hours;

(d) Any facility that is registered by the United States drug enforcement administration as a narcotic treatment program and is subject to the recordkeeping provisions of 21 CFR 1304.24; or

(e) Any drug dispensed by a licensed healthcare facility; provided, that the quantity dispensed is limited to an amount that is adequate to treat the patient for a maximum of forty-eight (48) hours.

(5) The dispenser, or dispenser's agent, shall submit the data that is required by T.C.A. § 53-10-305 in one of the following forms:

(a) An electronic device compatible with the Committee's receiving device or the receiving device of the Committee's agent; or

(b) Other electronic or data format approved by the Committee.

(6) The dispenser shall transmit the data that is required, pursuant to T.C.A. § 53-10-305, in the 2009 version of the Telecommunications Format for Controlled Substances established by the American Society for Automation in Pharmacy (ASAP).

(7) If the dispenser does not have an automated recordkeeping system capable of producing an electronic report of the required data in the format established by the ASAP, or for whom electronic reporting would cause an undue hardship as determined by the Committee, then that dispenser may request a waiver from the electronic reporting requirement from the Committee. The waiver may be valid for two (2) years from ratification by the Committee.

(8) If the Committee grants the dispenser a waiver from the electronic reporting requirement, then the dispenser shall comply with an alternative method of reporting the

data as determined by the Committee, such as submitting the required data in writing on a form approved by the Committee.

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Texas

Health and Safety Code § 481.074
Health and Safety Code § 481.075
37 ADC § 13.75
37 ADC § 13.77
22 ADC § 315.6 (eff. Sept. 1, 2016)

Vernon's Texas Statutes and Codes Annotated (2015)
Health and Safety Code
Title 6. Food, Drugs, Alcohol, and Hazardous Substances
Subtitle C. Substance Abuse Regulation and Crimes
Chapter 481. Texas Controlled Substances Act
Subchapter C. Regulation of Manufacture, Distribution, and Dispensation of Controlled Substances, Chemical Precursors, and Chemical Laboratory Apparatus

§ 481.074. Prescriptions

. . .

<Text of (p) effective until September 1, 2016>

(p) On receipt of the prescription, the dispensing pharmacy shall file the facsimile copy of the prescription and shall send information to the director as required by Section 481.075.

<Text of (p) effective September 1, 2016>

(p) On receipt of the prescription, the dispensing pharmacy shall file the facsimile copy of the prescription and shall send information to the board as required by Section 481.075.

<Text of (q) effective until September 1, 2016>

(q) Each dispensing pharmacist shall send all information required by the director, including any information required to complete the Schedule III through V prescription forms, to the director by electronic transfer or another form approved by the director not later than the seventh day after the date the prescription is completely filled.

<Text of (q) effective September 1, 2016>

(q) Each dispensing pharmacist shall send all required information, including any information required to complete the Schedule III through V prescription forms, to the board by electronic transfer or another form approved by the board not later than the seventh day after the date the prescription is completely filled.

Vernon's Texas Statutes and Codes Annotated (2016)
Health and Safety Code
Title 6. Food, Drugs, Alcohol, and Hazardous Substances
Subtitle C. Substance Abuse Regulation and Crimes
Chapter 481. Texas Controlled Substances Act
Subchapter C. Regulation of Manufacture, Distribution, and Dispensation of Controlled Substances, Chemical Precursors, and Chemical Laboratory Apparatus

§ 481.075. Official Prescription Program

. . .

<Text of (i) effective until September 1, 2016>

(i) Each dispensing pharmacist shall:

(1) fill in on the official prescription form or note in the electronic prescription record each item of information given orally to the dispensing pharmacy under Subsection (h) and the date the prescription is filled, and:

(A) for a written prescription, fill in the dispensing pharmacist's signature; or

(B) for an electronic prescription, appropriately record the identity of the dispensing pharmacist in the electronic prescription record;

(2) retain with the records of the pharmacy for at least two years:

(A) the official prescription form or the electronic prescription record, as applicable; and

(B) the name or other patient identification required by Section 481.074(m) or (n); and

(3) send all information required by the director, including any information required to complete an official prescription form or electronic prescription record, to the director by electronic transfer or another form approved by the director not later than the seventh day after the date the prescription is completely filled.

<Text of (i) effective September 1, 2016>

(i) Each dispensing pharmacist shall:

(1) fill in on the official prescription form or note in the electronic prescription record each item of information given orally to the dispensing pharmacy under Subsection (h) and the date the prescription is filled, and:

(A) for a written prescription, fill in the dispensing pharmacist's signature; or

(B) for an electronic prescription, appropriately record the identity of the dispensing pharmacist in the electronic prescription record;

(2) retain with the records of the pharmacy for at least two years:

(A) the official prescription form or the electronic prescription record, as applicable; and

(B) the name or other patient identification required by Section 481.074(m) or (n); and

(3) send all required information, including any information required to complete an official prescription form or electronic prescription record, to the board by electronic transfer or another form approved by the board not later than the seventh day after the date the prescription is completely filled.

. . .

Texas Administrative Code (2016)
Title 37. Public Safety and Corrections
Part 1. Texas Department of Public Safety
Chapter 13. Controlled Substances
Subchapter D. Texas Prescription Program

§ 13.75. Pharmacy Responsibility--Electronic Reporting

Within the time required by the Act, a pharmacy must submit to the department the following data elements from all filled controlled substance prescriptions:

(1) the prescribing practitioner's DEA registration number including the prescriber's identifying suffix of the authorizing hospital or other institution's DEA number when applicable;

(2) the official prescription form control number if filled from a written official prescription form, unless the prescription is electronic and meets the requirements of Code of Federal Regulations, Title 21, Part 1311;

(3) the department's designated placeholder entered into the control number field if the prescription is electronic;

(4) the patient's name, age or date of birth, and address including city, state, and zip code; or such information on the animal's owner if the prescription is for veterinarian services;

(5) the date the prescription was issued and filled;

(6) the NDC # of the controlled substance dispensed;

(7) the quantity of controlled substance dispensed;

(8) the pharmacy's prescription number; and

(9) the pharmacy's DEA registration number.

Texas Administrative Code (2016)
Title 37. Public Safety and Corrections
Part 1. Texas Department of Public Safety
Chapter 13. Controlled Substances
Subchapter D. Texas Prescription Program

§ 13.77. Pharmacy Responsibility--Non-electronic Reporting

(a) A pharmacy must comply with electronic reporting requirements of this chapter, unless the pharmacy has obtained a waiver from the department.

(b) Within the time required by the Act, a pharmacy approved for non-electronic reporting under this subchapter must submit the following information to the department on a form approved by the department:

(1) the information required under this chapter;

(2) the prescribing practitioner's name; and

(3) the dispensing pharmacy's name, address, and telephone number.

(c) The department expressly approves the following non-electronic reporting forms, if the form legibly provides all information required by subsection (b) of this section.

(1) A copy of an official prescription form, if issued for a Schedule II controlled substance.

(2) A copy of the prescription form, if issued for a Schedule III, IV, or V controlled substance.

(3) A printed computer record of the prescription.

Texas Administrative Code (2016)
Title 22. Examining Boards
Part 15. Texas State Board of Pharmacy

Chapter 315. Controlled Substances

§ 315.6. Pharmacy Responsibility--Electronic Reporting--Effective September 1, 2016

<Text of Section Effective September 1, 2016>

Within seven days after the date a controlled substance prescription is dispensed, a pharmacy must electronically submit to the board the following data elements from all dispensed controlled substance prescriptions:

(1) the prescribing practitioner's DEA registration number including the prescriber's identifying suffix of the authorizing hospital or other institution's DEA number when applicable;

(2) the official prescription form control number if dispensed from a written official prescription form, unless the prescription is electronic and meets the requirements of Code of Federal Regulations, Title 21, Part 1311;

(3) the board's designated placeholder entered into the control number field if the prescription is electronic;

(4) the patient's name, age or date of birth, and address including city, state, and zip code; or such information on the animal's owner if the prescription is for veterinarian services;

(5) the date the prescription was issued and dispensed;

(6) the NDC # of the controlled substance dispensed;

(7) the quantity of controlled substance dispensed;

(8) the pharmacy's prescription number; and

(9) the pharmacy's DEA registration number.

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Utah
§ 58-37f-203
ADC R156-37f

West's Utah Code Annotated (2015)
Title 58. Occupations and Professions
Chapter 37F. Controlled Substance Database Act
Part 2. Controlled Substance Database

§ 58-37f-203. Submission, collection, and maintenance of data

(1)(a) The division shall implement on a statewide basis, including non-resident pharmacies as defined in Section 58-17b-102, the following two options for a pharmacist to submit information:

(i) real-time submission of the information required to be submitted under this part to the controlled substance database; and

(ii) 24-hour daily or next business day, whichever is later, batch submission of the information required to be submitted under this part to the controlled substance database.

(b)(i) On and after January 1, 2016, a pharmacist shall comply with either:

(A) the submission time requirements established by the division under Subsection (1)(a)(i); or

(B) the submission time requirements established by the division under Subsection (1)(a)(ii).

(ii) Prior to January 1, 2016, a pharmacist may submit information using either option under this Subsection (1).

(c) The division shall comply with Title 63G, Chapter 6a, Utah Procurement Code.

(2)(a) The pharmacist in charge of the drug outlet where a controlled substance is dispensed shall submit the data described in this section to the division:

(i) in accordance with the requirements of this section;

(ii) in accordance with the procedures established by the division; and

(iii) in the format established by the division.

(b) A dispensing medical practitioner licensed under Chapter 17b, Part 8, Dispensing Medical Practitioner and Dispensing Medical Practitioner Clinic Pharmacy, shall comply with the provisions of this section and the dispensing medical practitioner shall assume the duties of the pharmacist under this chapter.

(3) The pharmacist described in Subsection (2) shall, for each controlled substance dispensed by a pharmacist under the pharmacist's supervision other than those dispensed for an inpatient at a health care facility, submit to the division the following information:

(a) the name of the prescribing practitioner;

(b) the date of the prescription;

(c) the date the prescription was filled;

(d) the name of the individual for whom the prescription was written;

(e) positive identification of the individual receiving the prescription, including the type of identification and any identifying numbers on the identification;

(f) the name of the controlled substance;

(g) the quantity of the controlled substance prescribed;

(h) the strength of the controlled substance;

(i) the quantity of the controlled substance dispensed;

(j) the dosage quantity and frequency as prescribed;

(k) the name of the drug outlet dispensing the controlled substance; and

(l) the name of the pharmacist dispensing the controlled substance.

(4) An individual whose records are in the database may obtain those records upon submission of a written request to the division.

(5)(a) A patient whose record is in the database may contact the division in writing to request correction of any of the patient's database information that is incorrect. The patient shall provide a postal address for the division's response.

(b) The division shall grant or deny the request within 30 days from receipt of the request and shall advise the requesting patient of its decision by mail postmarked within 35 days of receipt of the request.

(c) If the division denies a request under this Subsection (5) or does not respond within 35 days, the patient may submit an appeal to the Department of Commerce, within 60 days after the postmark date of the patient's letter making a request for a correction under this Subsection (5).

(6) The division shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to establish submission requirements under this part, including the electronic format in which the information required under this section shall be submitted to the division.

(7) The division shall ensure that the database system records and maintains for reference:

(a) the identification of each individual who requests or receives information from the database;

(b) the information provided to each individual; and

(c) the date and time that the information is requested or provided.

Utah Administrative Code (2016)
Commerce
R156. Occupational and Professional Licensing.

R156-37f. Controlled Substance Database Act Rule.

. . .

R156-37f-203. Submission, Collection, and Maintenance of Data.

(1) The format for submission to the Database shall be in accordance with the ASAP Telecommunications Format for Controlled Substances published by the American Society for Automation in Pharmacy, revised May 1995 (ASAP Format), which is hereby incorporated by reference. The Division may approve alternative formats substantially similar to this standard. This standard is further classified by the Database as follows:

(a) Mandatory Data. The following Database data fields are mandatory:

(i) pharmacy NABP or NCPDP number;

(ii) patient birth date;

(iii) patient gender code;

(iv) date filled;

(v) Rx number;

(vi) new-refill code;

(vii) metric quantity;

(viii) days supply;

(ix) NDC number;

(x) prescriber identification number;

(xi) date Rx written;

(xii) number refills authorized;

(xiii) patient last name;

(xiv) patient first name; and

(xv) patient street address, including zip code (extended).

(b) Preferred Data. The following Database data fields are strongly suggested:

(i) customer identification number;

(ii) compound code;

(iii) DEA suffix;

(iv) Rx origin code;

(v) customer location;

(vi) alternate prescriber number; and

(vii) state in which the prescription is filled.

(c) Optional Data. All other data fields in the ASAP Format not included in Subsections (a) and (b) are optional.

(2) Upon request, the Division will consider approving alternative formats, or adjustments to the ASAP Format, as might be necessary due to the capability or functionality of Database collection instruments. A proposed alternative format shall contain all mandatory data elements.

(3) In accordance with Subsection 58-37f-203(1)(c), the data required in Subsection (1) shall be submitted to the Database through one of the following methods:

(a) electronic data sent via telephone modem;

(b) electronic data submitted on floppy disk or compact disc (CD);

(c) if approved by the Database staff prior to submission, electronic data sent via encrypted electronic mail (e-mail);

(d) electronic data sent via a secured internet transfer method, including but not limited to sFTP site transfer and HyperSend; or

(e) any other electronic method approved by the Database manager prior to submission.

(4) The required information may be submitted on paper if:

(a) the pharmacy or pharmacy group submits a written request to the Division and receives prior approval for a paper submission; and

(b)(i) the pharmacy or pharmacy group has no computerized record keeping system upon which the data can be electronically recorded; or

(ii) The pharmacy or pharmacy group is unable to conform its submission(s) to an electronic format without incurring undue financial hardship.

(5)(a) Each pharmacy or pharmacy group shall submit all data collected at least once every seven days on a weekly reporting cycle established by the pharmacy.

(i) If the data is submitted by a single pharmacy entity, the data shall be submitted in chronological order according to the date each prescription was filled.

(ii) If the data is submitted by a pharmacy group, the data is required to be sorted by individual pharmacy within the group, and the data of each individual pharmacy within the group is required to be submitted in chronological order according to the date each prescription was filled.

(b)(i) A Class A, B, or D pharmacy or pharmacy group that has a controlled substance license but has not dispensed a controlled substance during the preceding seven days shall:

(A) submit a null report stating that no controlled substance was dispensed during the preceding seven days; or

(B) comply with this Subsection (5)(c).

(ii) A null report may be submitted on paper without prior approval of the Division. The Division shall facilitate electronic null reporting as resources permit.

(c)(i) A Class A, B, or D pharmacy or pharmacy group that has a controlled substance license but is not dispensing controlled substances and does not anticipate doing so in the immediate future may submit a certification of such, in a form preapproved by the Division, in lieu of weekly null reporting.

(ii) The certification must be resubmitted at the end of each calendar year.

(iii) If a pharmacy or pharmacy group that has submitted a certification under this Subsection (5)(c) dispenses a controlled substance:

(A) the certification shall immediately and automatically terminate;

(B) the pharmacy or pharmacy group shall provide written notice of the certification termination to the Division within seven days of dispensing the controlled substance; and

(C) the Database reporting requirements shall be applicable to the pharmacy or pharmacy group immediately upon the dispensing of the controlled substance.

(6) The pharmacist-in-charge, or his or her designee, for each reporting pharmacy shall submit its report, regardless of the reporting method, on a data transmission form (DTF) substantially equivalent to the DTF approved by the Division. The DTF may be mailed, faxed, emailed, or electronically uploaded to the Database. A copy of the DTF is required to be kept at the pharmacy unless an alternate location has been designated by the reporting pharmacy and approved by the Division. The DTF shall include the following information:

(a) pharmacy name;

(b) pharmacy facsimile (fax) and voice phone numbers;

(c) pharmacy e-mail address;

(d) pharmacy NABP/NCPDP number;

(e) period of time covered by each submission of data;

(f) number of prescriptions in the submission;
(g) submitting pharmacist's signature attesting to the accuracy of the report; and

(h) date of the report submission.

. . .

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Vermont
18 § 4283
18 § 4282
26 § 2022
ADC 12-5-21:4.0

West's Vermont Statutes Annotated (2016)
Title Eighteen. Health
Part 5. Foods and Drugs
Chapter 84A. Vermont Prescription Monitoring System

§ 4283. Creation; implementation

(a) The Department shall maintain an electronic database and reporting system for monitoring Schedules II, III, and IV controlled substances, as defined in 21 C.F.R. Part 1308, as amended and as may be amended, that are dispensed within the State of Vermont by a health care provider or dispenser or dispensed to an address within the State by a pharmacy licensed by the Vermont Board of Pharmacy.

(b) As required by the department, every dispenser who is licensed by the Vermont board of pharmacy shall report to the department in a timely manner data for each controlled substance in Schedules II, III, and IV, as amended and as may be amended, dispensed to a patient within Vermont. Reporting shall not be required for:

(1) a drug administered directly to a patient; or

(2) a drug dispensed by a health care provider at a facility licensed by the department, provided that the quantity dispensed is limited to an amount adequate to treat the patient for a maximum of 48 hours.

(c) Data for each controlled substance that is dispensed shall include the following:

(1) patient identifier, which may include the patient's name and date of birth;

(2) drug dispensed;

(3) date of dispensing;

(4) quantity and dosage dispensed;

(5) the number of days' supply;

(6) health care provider; and

(7) dispenser.

(d) The data shall be provided in the electronic format defined by the department. To the extent possible, the format shall not require data entry in excess of that required in the regular course of business. Electronic transmission is not required if a waiver has been granted by the department to an individual dispenser. The department shall strive to create VPMS in a manner that will enable real-time transmittal to VPMS and real-time retrieval of information stored in VPMS.

(e) It is not the intention of the Department that a health care provider or a dispenser shall have to pay a fee or tax or purchase hardware or proprietary software required by the Department specifically for the establishment, maintenance, or transmission of the data. The Department shall seek grant funds and take any other action within its financial capability to minimize any cost impact to health care providers and dispensers.

(f) The department shall purge from VPMS all data that is more than six years old.

(g) The commissioner shall develop and provide advisory notices, which shall make clear that all prescriptions for controlled drugs in Schedules II, III, and IV are entered into a statewide database in order to protect the public. The notices shall be distributed at no cost to dispensers and health care providers who are subject to this chapter.

(h) A dispenser shall be subject to discipline by the board of pharmacy or by the applicable licensing entity if the dispenser intentionally fails to comply with the requirements of subsection (b), (c), or (d) of this section.

West's Vermont Statutes Annotated (2016)
Title Eighteen. Health
Part 5. Foods and Drugs
Chapter 84A. Vermont Prescription Monitoring System

§ 4282. Definitions

As used in this chapter:

(1) "Dispenser" shall mean any person who "dispenses" or engages in "dispensing" as those terms are defined in 26 V.S.A. § 2022(5).

. . .

Title Twenty-Six. Professions and Occupations
Chapter 36. Pharmacy
Subchapter 1. General Provisions

§ 2022. Definitions

As used in this chapter:

. . .

(5) "Dispense" or "dispensing" shall mean the preparation and delivery of a prescription drug pursuant to a lawful order of a practitioner in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual entitled to receive the prescription drug.

. . .

West's Vermont Administrative Code (2016)
Title 12. Agency of Human Services
Subtitle 5. Department of Health
General
Rule 21. Prescription Monitoring System

12-5-21:4.0. Required Reporting for Pharmacies and Prescribers who Dispense Controlled Substances.

4.1 Filing of Report of Controlled Substances Dispensed

4.1.1 No less frequently than every calendar week, every pharmacy licensed by the Vermont Board of Pharmacy shall submit to VPMS a Report of Controlled Substances Dispensed for all reportable prescriptions dispensed from the pharmacy during the preceding seven (7) days. This applies to all licensees, irrespective of location or number of prescriptions of controlled substances dispensed.

4.1.2 Pharmacies must submit a "zero controlled substances report" during any week that no controlled substances are dispensed.

4.2 Required Information from Reporting Pharmacy

4.2.1 The reporting pharmacy shall provide the following information for each reportable prescription:

• The patient's full name;

• The patient's date of birth;

• The patient's complete address;

• The name of the drug dispensed;

• The National Drug Code Number for the drug and dosage dispensed;

• The date dispensed;

• The quantity and dosage dispensed;

• The number of days' supply dispensed;

• The number of refills prescribed;

• The prescriber's name;

• The prescriber's DEA number, including suffix if applicable; and

• The dispensing pharmacy DEA number.

4.2.2 Pharmacies with more than one pharmacy location may submit a single report for all of its pharmacies. The report shall identify the specific location from which each reportable prescription was dispensed.

4.3 Distribution of Advisory Notices

4.3.1 Each pharmacy shall provide to every customer to whom a controlled substance is dispensed an advisory notice informing the customer that all prescriptions for controlled substances are entered into a statewide VPMS database in order to protect patients and the public. The advisory notices will be developed and available on the Department's website.

4.3.2 The pharmacy shall provide these notices by:

• Prominently displaying the advisory notice in a manner readily accessible to its customers, or

• Duplicating the complete text of the advisory notice in another format, such as by printing it on customer receipts, patient instructions or on a written insert for delivery to the patient.

• Posting brief advisories in at least six (6) languages offering a referral telephone number for people with limited English proficiency

4.4 Required Data Submission for Prescribers that Dispense

Prescribers who dispense controlled substances to their patients must also submit a Report of Controlled Substances Dispensed to the VPMS following the same frequency and format as described in Sections 4.1 and 4.2 of this rule. Directions for doing so are available through the VPMS program technical support.

4.5 Exemptions from Reporting to VPMS

4.5.1 Reporting to VPMS is not required for:

• A drug administered directly to a patient

• A drug dispensed by a health care provider (at a facility licensed by the Department), provided that the quantity dispensed is limited to an amount adequate to treat the patient for a maximum of 48 hours.

4.5.2 A pharmacy that does not stock or dispense controlled substances may request an exemption from reporting from the VPMS program office. The exemption shall terminate when the pharmacy dispenses any controlled substance.

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Virginia
§ 54.1-2521 (eff. until December 31, 2016)
§ 54.1-2521 (eff. January 1, 2017)
§ 54.1-2519
§ 54.1-2522

West's Annotated Code of Virginia (2014)
Title 54.1. Professions and Occupations
Subtitle III. Professions and Occupations Regulated by Boards Within the Department of Health Professions
Chapter 25.2. Prescription Monitoring Program

§ 54.1-2521. Reporting requirements

<Text of Section Effective until December 31, 2016>

A. The failure by any person subject to the reporting requirements set forth in this section and the Department's regulations to report the dispensing of covered substances shall constitute grounds for disciplinary action by the relevant health regulatory board.

B. Upon dispensing a covered substance, a dispenser of such covered substance shall report the following information:

1. The recipient's name and address.

2. The recipient's date of birth.

3. The covered substance that was dispensed to the recipient.

4. The quantity of the covered substance that was dispensed.

5. The date of the dispensing.

6. The prescriber's identifier number.

7. The dispenser's identifier number.

8. The method of payment for the prescription.

9. Any other non-clinical information that is designated by the Director as necessary for the implementation of this chapter in accordance with the Department's regulations.

10. Any other information specified in regulations promulgated by the Director as required in order for the Prescription Monitoring Program to be eligible to receive federal funds.

C. The reports required herein shall be made and transmitted in such manner and format and according to the standards and schedule established in the Department's regulations.

West's Annotated Code of Virginia (2016)
Title 54.1. Professions and Occupations
Subtitle III. Professions and Occupations Regulated by Boards Within the Department of Health Professions
Chapter 25.2. Prescription Monitoring Program

§ 54.1-2521. Reporting requirements

<Text of Section Effective January 1, 2017>

A. The failure by any person subject to the reporting requirements set forth in this section and the Department's regulations to report the dispensing of covered substances shall constitute grounds for disciplinary action by the relevant health regulatory board.

B. Upon dispensing a covered substance, a dispenser of such covered substance shall report the following information:

1. The recipient's name and address.

2. The recipient's date of birth.

3. The covered substance that was dispensed to the recipient.

4. The quantity of the covered substance that was dispensed.

5. The date of the dispensing.

6. The prescriber's identifier number.

7. The dispenser's identifier number.

8. The method of payment for the prescription.

9. Any other non-clinical information that is designated by the Director as necessary for the implementation of this chapter in accordance with the Department's regulations.

10. Any other information specified in regulations promulgated by the Director as required in order for the Prescription Monitoring Program to be eligible to receive federal funds.

C. The reports required herein shall be made to the Department or its agent within 24 hours or the dispenser's next business day, whichever comes later, and shall be made and transmitted in such manner and format and according to the standards and schedule established in the Department's regulations.

West's Annotated Code of Virginia (2016)
Title 54.1. Professions and Occupations
Subtitle III. Professions and Occupations Regulated by Boards Within the Department of Health Professions
Chapter 25.2. Prescription Monitoring Program

§ 54.1-2519. Definitions

As used in this article, unless the context requires a different meaning:

. . .

"Covered substance" means all controlled substances included in Schedules II, III, and IV and all drugs of concern that are required to be reported to the Prescription Monitoring Program, pursuant to this chapter.

. . .

"Dispenser" means a person or entity that (i) is authorized by law to dispense a covered substance or to maintain a stock of covered substances for the purpose of dispensing, and (ii) dispenses the covered substance to a citizen of the Commonwealth regardless of the location of the dispenser, or who dispenses such covered substance from a location in Virginia regardless of the location of the recipient.

. . .

Subtitle III. Professions and Occupations Regulated by Boards Within the Department of Health Professions
Chapter 25.2. Prescription Monitoring Program

§ 54.1-2522. Reporting exemptions

The dispensing of covered substances under the following circumstances shall be exempt from the reporting requirements set forth in § 54.1-2521:

1. Dispensing of manufacturers' samples of such covered substances or of covered substances dispensed pursuant to an indigent patient program offered by a pharmaceutical manufacturer.

2. Dispensing of covered substances by a practitioner of the healing arts to his patient in a bona fide medical emergency or when pharmaceutical services are not available.

3. Administering of covered substances.

4. Dispensing of covered substances within an appropriately licensed narcotic maintenance treatment program.

5. Dispensing of covered substances to inpatients in hospitals or nursing facilities licensed by the Board of Health or facilities that are otherwise authorized by law to operate as hospitals or nursing homes in the Commonwealth.

6. Dispensing of covered substances to inpatients in hospices licensed by the Board of Health.

7. Dispensing of covered substances by veterinarians to animals within the usual course of their professional practice.

8. Dispensing of covered substances as otherwise provided in the Department's regulations.

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Washington
§ 70.225.020
§ 70.225.010
ADC 246-470-030

West's Revised Code of Washington Annotated (2016)
Title 70. Public Health and Safety
Chapter 70.225. Prescription Monitoring Program

§ 70.225.020. Prescription monitoring program--Subject to funding--Duties of dispensers

(1) The department shall establish and maintain a prescription monitoring program to monitor the prescribing and dispensing of all Schedules II, III, IV, and V controlled substances and any additional drugs identified by the pharmacy quality assurance commission as demonstrating a potential for abuse by all professionals licensed to prescribe or dispense such substances in this state. The program shall be designed to improve health care quality and effectiveness by reducing abuse of controlled substances, reducing duplicative prescribing and overprescribing of controlled substances, and improving controlled substance prescribing practices with the intent of eventually establishing an electronic database available in real time to dispensers and prescribers of controlled substances. As much as possible, the department should establish a common database with other states. This program's management and operations shall be funded entirely from the funds in the account established under RCW 74.09.215. Nothing in this chapter prohibits voluntary contributions from private individuals and business entities as defined under Title 23, 23B, 24, or 25 RCW to assist in funding the prescription monitoring program.

(2) Except as provided in subsection (4) of this section, each dispenser shall submit to the department by electronic means information regarding each prescription dispensed for a drug included under subsection (1) of this section. Drug prescriptions for more than one day use should be reported. The information submitted for each prescription shall include, but not be limited to:

(a) Patient identifier;

(b) Drug dispensed;

(c) Date of dispensing;

(d) Quantity dispensed;

(e) Prescriber; and

(f) Dispenser.

(3) Each dispenser shall submit the information in accordance with transmission methods established by the department.

(4) The data submission requirements of subsections (1) through (3) of this section do not apply to:

(a) Medications provided to patients receiving inpatient services provided at hospitals licensed under chapter 70.41 RCW; or patients of such hospitals receiving services at the clinics, day surgery areas, or other settings within the hospital's license where the medications are administered in single doses;

(b) Pharmacies operated by the department of corrections for the purpose of providing medications to offenders in department of corrections institutions who are receiving pharmaceutical services from a department of corrections pharmacy, except that the department of corrections must submit data related to each offender's current prescriptions for controlled substances upon the offender's release from a department of corrections institution; or

(c) Veterinarians licensed under chapter 18.92 RCW. The department, in collaboration with the veterinary board of governors, shall establish alternative data reporting requirements for veterinarians that allow veterinarians to report:

(i) By either electronic or nonelectronic methods;

(ii) Only those data elements that are relevant to veterinary practices and necessary to accomplish the public protection goals of this chapter; and

(iii) No more frequently than once every three months and no less frequently than once every six months.

(5) The department shall continue to seek federal grants to support the activities described in chapter 259, Laws of 2007. The department may not require a practitioner or a pharmacist to pay a fee or tax specifically dedicated to the operation and management of the system.

West's Revised Code of Washington Annotated (2016)
Title 70. Public Health and Safety
Chapter 70.225. Prescription Monitoring Program

§ 70.225.010. Definitions

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

. . .

(4) "Dispenser" means a practitioner or pharmacy that delivers a Schedule II, III, IV, or V controlled substance to the ultimate user, but does not include:

(a) A practitioner or other authorized person who administers, as defined in RCW 69.41.010, a controlled substance; or

(b) A licensed wholesale distributor or manufacturer, as defined in chapter 18.64 RCW, of a controlled substance.

Washington Administrative Code (2016)
Title 246. Health, Department of
Chapter 246-470. Prescription Monitoring Program

246-470-030. Data submission requirements for dispensers.

(1) A dispenser shall provide to the department the dispensing information required by RCW 70.225.020 and this section for all scheduled II, III, IV, and V controlled substances and for drugs identified by the pharmacy quality assurance commission under WAC 246-470-020. Only drugs dispensed for more than one day use must be reported.

(2) Dispenser identification number. A dispenser shall acquire and maintain an identification number issued to dispensing pharmacies by the National Council for Prescription Drug Programs or a prescriber identifier issued to authorized prescribers of controlled substances by the Drug Enforcement Administration, United States Department of Justice.

(3) Submitting data. A dispenser shall submit data to the department electronically, not later than one week from the date of dispensing, and in the format required by the department.

(a) A dispenser shall submit for each dispensing the following information and any additional information required by the department:

(i) Patient identifier. A patient identifier is the unique identifier assigned to a particular patient by the dispenser;

(ii) Name of the patient for whom the prescription is ordered including first name, middle initial, last name, and generational suffixes, if any;

(iii) Patient date of birth;

(iv) Patient address;
(v) Patient gender;

(vi) Drug dispensed;

(vii) Date of dispensing;

(viii) Quantity and days supply dispensed;

(ix) Refill information;

(x) Prescriber identifier;

(xi) Prescription issued date;

(xii) Dispenser identifier;

(xiii) Prescription fill date and number;

(xiv) Source of payment indicated by one of the following:

(A) Private pay (cash, change, credit card, check);

(B) Medicaid;

(C) Medicare;

(D) Commercial insurance;

(E) Military installations and veterans affairs;

(F) Workers compensation;

(G) Indian nations;

(H) Other; and

(xv) When practicable, the name of person picking up or dropping off the prescription, as verified by valid photographic identification.

(b) A nonresident, licensed pharmacy that delivers controlled substances, as defined in RCW 18.64.360, is required to submit only the transactions for patients with a Washington state zip code.

(c) Data submission requirements do not apply to:
(i) The department of corrections or pharmacies operated by a county for the purpose of providing medications to offenders in state or county correctional institutions who are receiving pharmaceutical services from a state or county correctional institution's

pharmacy. A state or county correctional institution's pharmacy must submit data to the program related to each offender's current prescriptions for controlled substances upon the offender's release from a state or county correctional institution.

(ii) Medications provided to patients receiving inpatient services provided at hospitals licensed under chapter 70.41 RCW or patients of such hospitals receiving services at the clinics, day surgery areas, or other settings within the hospital's license where the medications are administered in single doses; or medications provided to patients receiving outpatient services provided at ambulatory surgical facilities licensed under chapter 70.230 RCW.

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West Virginia
§ 60A-9-4
ADC § 15-8-3
ADC § 15-8-2

West's Annotated Code of West Virginia (2016)
Chapter 60A. Uniform Controlled Substances Act
Article 9. Controlled Substances Monitoring

§ 60A-9-4. Required information

(a) Whenever a medical services provider dispenses a controlled substance listed in Schedule II, III or IV as established under the provisions of article two of this chapter or whenever a prescription for the controlled substance is filled by: (i) A pharmacist or pharmacy in this state; (ii) a hospital, or other health care facility, for out-patient use; or (iii) a pharmacy or pharmacist licensed by the Board of Pharmacy, but situated outside this state for delivery to a person residing in this state, the medical services provider, health care facility, pharmacist or pharmacy shall, in a manner prescribed by rules promulgated by the board under this article, report the following information, as applicable:

(1) The name, address, pharmacy prescription number and Drug Enforcement Administration controlled substance registration number of the dispensing pharmacy or the dispensing physician or dentist;

(2) The full legal name, address and birth date of the person for whom the prescription is written;

(3) The name, address and Drug Enforcement Administration controlled substances registration number of the practitioner writing the prescription;

(4) The name and national drug code number of the Schedule II, III, and IV controlled substance dispensed;

(5) The quantity and dosage of the Schedule II, III, and IV controlled substance dispensed;

(6) The date the prescription was written and the date filled;

(7) The number of refills, if any, authorized by the prescription;

(8) If the prescription being dispensed is being picked up by someone other than the patient on behalf of the patient, the first name, last name and middle initial, address and birth date of the person picking up the prescription as set forth on the person's government-issued

photo identification card shall be retained in either print or electronic form until such time as otherwise directed by rule promulgated by the board; and

(9) The source of payment for the controlled substance dispensed.

(b) The board may prescribe by rule promulgated under this article the form to be used in prescribing a Schedule II, III, and IV substance if, in the determination of the board, the administration of the requirements of this section would be facilitated.

(c) Products regulated by the provisions of article ten of this chapter shall be subject to reporting pursuant to the provisions of this article to the extent set forth in said article.

(d) Reporting required by this section is not required for a drug administered directly to a patient by a practitioner. Reporting is, however, required by this section for a drug dispensed to a patient by a practitioner: Provided, That the quantity dispensed may not exceed an amount adequate to treat the patient for a maximum of seventy-two hours with no greater than two seventy-two-hour cycles dispensed in any fifteen-day period of time.

West Virginia Code of State Rules (2016)
Title 15. West Virginia Board of Pharmacy
Legislative Rule (Ser. 8)
Series 8. Controlled Substances Monitoring

§ 15-8-3. Prescription Monitoring Program.

3.1. Each time a Schedule II, III, or IV Controlled Substance is dispensed for out-patient use, the medical services provider, health care facility, or pharmacy that dispensed the controlled substance shall transmit to the central repository the information required by West Virginia Code § 60A-9-4. This includes the following:

(a) The name, address, pharmacy prescription number and Drug Enforcement Administration controlled substance registration number of the dispensing pharmacy or the dispensing medical services provider;

(b) The full legal name, address and birth date of the recipient. When reporting the full legal name, address, and date of birth of the recipient, the reporter shall include any middle name or initial and any suffix (e.g., Jr., II, III) as listed on the patient's government-issued photo identification card, Provided that, if the patient does not have such an identification card, such as a minor, then the reporter shall obtain and input the information to the best of its knowledge and ability based upon the information available to it from the prescription, the patient profile or record, and any other information known to the reporter. Examples of acceptable forms of ID include, but are not limited to: driver's licenses, non-driver identification cards, passports, and military IDs;

(c) The Drug Enforcement Administration controlled substances registration number of the practitioner writing the prescription. By providing this registration number, the Controlled Substances Monitoring Program database will extract the prescriber's name and address required by statute; therefore, the reporters do not need to additionally supply the prescriber's name and address in addition to the prescriber's DEA number;

(d) The national drug code number of the Schedule II, III and IV controlled substance dispensed. By providing this NDC number, the Controlled Substances Monitoring Program database will extract the name and dosage or (strength) of the controlled substance required by the statute such that the reporters do not need to additionally supply the name and dosage;

(e) The quantity of the Schedule II, III and IV controlled substance dispensed;

(f) The date the prescription was written and the date filled;

(g) The number of refills, if any, authorized by the prescription;

(h) If the prescription being dispensed is being picked up by a recipient representative on behalf of the recipient, the full legal name, address and birth date of the recipient representative as set forth on the person's government-issued photo identification card. When reporting the full legal name, address, and date of birth of the person picking up the prescription on behalf of the patient, the reporter shall include any middle name or initial and any suffix (e.g., Jr., II, III) as listed on the person's government-issued photo identification card. If the reporter is unable to input this information to the central repository at the time of reporting, this information shall be retained in either print or electronic form. If the reporter electronically reports the individual's first name, last name, official government-issued photo identification card number and the card's issuing authority or jurisdiction (e.g. United State military, State driver's license, Passport, Green Card, etc.) into the central repository, the reporter shall retain the additional information in print or electronic form for a period of ninety (90) days. If the reporter does not file the listed information into the central repository, the information shall be retained in print or electronic form for a period of at least two (2) years; and

(i) The source of payment for the controlled substance dispensed.

3.2. Any person reporting more than twenty (20) controlled substance prescriptions in any given month shall transmit to the central repository the information outlined in section 4 of this rule using one of the following methods:

(a) An electronic device compatible with the receiving device of the central repository;

(b) A computer compact disc; or

(c) A magnetic tape.

3.3. Any person reporting less than twenty (20) Schedule II, III, or IV controlled substance dispensings in any given month may submit data using a Universal Claim Form or transmit the information using the methods outlined in subsection 3.2 of this section.

3.4. The board may grant a waiver to a reporter who does not have an automated recordkeeping system capable of producing an electronic report in the established format. A reporter requesting a waiver shall make the request to the board in writing and the board shall grant the request if the reporter agrees to report the data by submitting a completed Universal Claim Form.

3.5. The board and the central repository shall provide for the electronic transmission of the information required to be provided by and through the use of a toll-free telephone line or other Internet connection.

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Wisconsin
§ 961.385 (eff. until March 31, 2017)
§ 961.385 (eff. April 1, 2017)
§ 450.01
ADC CSB 4.03
ADC CSB 4.04
ADC CSB 4.05
ADC CSB 4.06
ADC CSB 4.08

West's Wisconsin Statutes Annotated (2016)
Controlled Substances
Chapter 961. Uniform Controlled Substances Act
Subchapter III. Regulation of Manufacture, Distribution, Dispensing, and Possession of Controlled Substances

§ 961.385. Prescription drug monitoring program

<Text of Section Effective until March 31, 2017>

(1) In this section:

. . .

(ag) "Monitored prescription drug" means a substance identified in s. 961.16, 961.18, 961.20, or 961.22 or a drug identified by the board by rule as having a substantial potential for abuse.

. . .

(aL) "Pharmacist" means a person licensed by the pharmacy examining board under s. 450.03 or 450.05 or licensed in another state and recognized by this state as a person authorized to engage in the practice of pharmacy in the state in which the person is licensed.

(an) "Pharmacy" means a place of practice licensed under s. 450.06 or 450.065.

(ar) "Practitioner" has the meaning given in s. 450.01(17) but does not include a veterinarian licensed under ch. 89.

. . .

(2) The board shall establish by rule a program for monitoring the dispensing of monitored prescription drugs. The program shall do all of the following:

(a) Require a pharmacy or a practitioner to generate a record documenting each dispensing of a monitored prescription drug at the pharmacy or, if the monitored prescription drug is not dispensed at a pharmacy, by the practitioner and to submit the record to the board, except that the program may not require the generation of a record in any of the following circumstances:

1. A monitored prescription drug is administered directly to a patient.

2. A monitored prescription drug is compounded, packaged, or labeled in preparation for delivery but is not delivered.

3. The prescription order is for a monitored prescription drug that is a substance listed in the schedule in s. 961.22 and is not a narcotic drug, and the prescription order is for a number of doses that is intended to last the patient 7 days or less.

(b) Identify specific data elements to be contained in a record documenting the dispensing of a monitored prescription drug, including the method of payment and, subject to sub. (2m), the name recorded under s. 450.11(1b)(bm). In identifying specific data elements, the board shall consider data elements identified by similar programs in other states and shall ensure, to the extent possible, that records generated by the program are easily shared with other states.

(c) Specify the persons to whom a record may be disclosed and the circumstances under which the disclosure may occur. The rule promulgated under this paragraph shall comply with s. 146.82, except that the rule shall permit the board to disclose a record generated by the program to relevant state boards and agencies, relevant agencies of other states, and relevant law enforcement agencies, as defined in s. 165.77(1)(b), including under circumstances indicating suspicious or critically dangerous conduct or practices of a pharmacy, pharmacist, practitioner, or patient. The board shall define what constitutes suspicious or critically dangerous conduct or practices for purposes of the rule promulgated under this paragraph.

(d) Specify a secure electronic format for submittal of a record generated under the program and authorize the board to grant a pharmacy or practitioner a waiver of the specified format.

(e) Specify a deadline for the submittal of a record to the board.

. . .

Controlled Substances
Chapter 961. Uniform Controlled Substances Act
Subchapter III. Regulation of Manufacture, Distribution, Dispensing, and Possession of Controlled Substances

§ 961.385. Prescription drug monitoring program

<Text of Section Effective April 1, 2017>

(1) In this section:

. . .

(ag) "Monitored prescription drug" means a substance identified in s. 961.16, 961.18, 961.20, or 961.22 or a drug identified by the board by rule as having a substantial potential for abuse.

. . .

(aL) "Pharmacist" means a person licensed by the pharmacy examining board under s. 450.03 or 450.05 or licensed in another state and recognized by this state as a person authorized to engage in the practice of pharmacy in the state in which the person is licensed.

(an) "Pharmacy" means a place of practice licensed under s. 450.06 or 450.065.

(ar) "Practitioner" has the meaning given in s. 450.01(17) but does not include a veterinarian licensed under ch. 89.

. . .

(2) The board shall establish by rule a program for monitoring the dispensing of monitored prescription drugs. The program shall do all of the following:

(a) Require a pharmacy or a practitioner to generate a record documenting each dispensing of a monitored prescription drug at the pharmacy or, if the monitored prescription drug is not dispensed at a pharmacy, by the practitioner and to submit the record to the board no later than 11:59 p.m. of the next business day after the monitored prescription drug is dispensed, except that the program may not require the generation of a record in any of the following circumstances:

1. A monitored prescription drug is administered directly to a patient.

2. A monitored prescription drug is compounded, packaged, or labeled in preparation for delivery but is not delivered.

3. The prescription order is for a monitored prescription drug that is a substance listed in the schedule in s. 961.22 and is not a narcotic drug, and the prescription order is for a number of doses that is intended to last the patient 7 days or less.

(b) Identify specific data elements to be contained in a record documenting the dispensing of a monitored prescription drug, including the method of payment and, subject to sub. (2m), the name recorded under s. 450.11(1b)(bm). In identifying specific data elements, the board shall consider data elements identified by similar programs in other states and shall ensure, to the extent possible, that records generated by the program are easily shared with other states.

. . .

(d) Specify a secure electronic format for submittal of a record generated under the program and authorize the board to grant a pharmacy or practitioner a waiver of the specified format.

(e) Specify a deadline for the submittal of a record to the board.

. . .

West's Wisconsin Statutes Annotated (2016)
Regulation and Licensing (Ch. 440 to 480)
Chapter 450. Pharmacy Examining Board

450.01. Definitions

In this chapter:

. . .

(17) "Practitioner" means a person licensed in this state to prescribe and administer drugs or licensed in another state and recognized by this state as a person authorized to prescribe and administer drugs.

. . .

Wisconsin Administrative Code (2016)
Controlled Substances Board
Chapter CSB 4. Prescription Drug Monitoring Program

CSB 4.03 Drugs that have a substantial potential for abuse.

Pursuant to s. 961.385 (1) (ag), Stats., the board has identified all of the following drugs as having a substantial potential for abuse:

(1) A controlled substance identified in schedule II, III, IV or V in the federal controlled substances act, 21 USC 812 (b) (2) to (b) (5) and (c), as changed and updated by 21 CFR 1308.

(2) A controlled substance identified in schedule IV or V in subch. II of ch. 961, Stats., as amended by ch. CSB 2.

(3) Tramadol.

Wisconsin Administrative Code (2016)
Controlled Substances Board
Chapter CSB 4. Prescription Drug Monitoring Program

CSB 4.04 Compilation of dispensing data.

(1) As used in this section:

(a) "DEA registration number" means the registration number issued to a dispenser or practitioner by the federal department of justice, drug enforcement administration.

(b) "Dispenser identifier" means the DEA registration number or when the DEA registration number is not available, the NPI number.

(c) "NDC number" means national drug code number, the universal product identifier used in the U.S. to identify a specific drug product.

(d) "NPI number" means national provider identifier number, the registration number issued to a dispenser or practitioner by the national provider identifier registry.

(e) "Practitioner identifier" means the DEA registration number or when the DEA registration number is not available, the NPI number.

(2) Subject to s. CSB 4.08, a dispenser shall compile dispensing data that contains all of the following information each time the dispenser dispenses a monitored prescription drug:
(a) The dispenser's full name.

(b) The dispenser identifier, if available.

(c) The date dispensed.

(d) The prescription number.

(e) The NDC number or the name and strength of the monitored prescription drug.

(f) The quantity dispensed.

(g) The estimated number of days of drug therapy.

(ge) The classification code for payment type.

(gm) The number of refills authorized by the prescriber.

(gs) The refill number of the prescription.

(h) The practitioner's full name.

(i) The practitioner identifier, if available.

(j) The date prescribed.

(L) The patient's full name or if the patient is an animal, the animal's name and the owner's last name.

(m) The patient's address, or if the patient is an animal, patient's owner's address, including street address, city, state, and ZIP code.

(n) The patient's date of birth, or if the patient is an animal, patient's owner's date of birth.

(o) The patient's gender.

(4) A dispenser and dispenser delegate, if applicable, who fail to compile dispensing data as required by sub. (2) may be subject to disciplinary action by the licensing board that issued the license under which the dispenser is authorized to dispense monitored prescription drugs.

(1) Unless exempt under s. CSB 4.08, a dispenser shall electronically submit dispensing data through an account with the board.

Note: The application to create an account may be completed online at www.dsps.wi.gov or obtained at no charge from the Department of Safety and Professional Services, 1400 East Washington Avenue, P.O. Box 8366, Madison, WI 53708.

(2) The dispensing data shall be submitted to the board in compliance with the data standards in the version and release of ASAP implementation guide for prescription monitoring programs identified by the board or other electronic format identified by the board.

Note: The guide for dispensers which specifies the data standards in the version and release of the ASAP implementation guide for prescription monitoring programs identified by the board and other electronic formats identified by the board may be obtained online at www.dsps.wi.gov or obtained at no charge from the Department of Safety and Professional Services, 1400 East Washington Avenue, P.O. Box 8366, Madison, WI 53708.

(3) If a dispenser is not able to create an account or submit dispensing data as required by subs. (1) and (2), the board may grant a waiver to a dispenser who satisfies all of the following conditions:

(a) The dispenser agrees to begin filing dispensing data on a paper form identified by the board for each monitored prescription drug dispensed.

(b) The dispenser files with the board a written application for a waiver on a form provided by the board.

Note: The application for a waiver may be obtained online at www.dsps.wi.gov or obtained at no charge from the Department of Safety and Professional Services, 1400 East Washington Avenue, P.O. Box 8366, Madison, WI 53708.

(4) A dispenser and dispenser delegate, if applicable, who fail to create an account with the board and submit dispensing data as required by subs. (1) and (2) or be granted a waiver sunder sub. (3) may be subject to disciplinary action by the licensing board that issued the license under which the dispenser is authorized to dispense monitored prescription drugs.

Wisconsin Administrative Code (2016)
Controlled Substances Board
Chapter CSB 4. Prescription Drug Monitoring Program

CSB 4.06 Frequency of submissions.

(1) A dispenser shall submit dispensing data to the board within 7 days of dispensing a monitored prescription drug.

(2) If a dispenser does not dispense a monitored prescription drug for 7 days, the dispenser shall submit a zero report to the board for each 7-day period during which the dispenser did not dispense a monitored prescription drug.

(3) If a dispenser is not able to submit dispensing data within 7 days of dispensing a monitored prescription drug as required by sub. (1), the board may grant an emergency waiver to a dispenser who satisfies all of the following conditions:

(a) The dispenser is not able to submit dispensing data because of circumstances beyond its control.

(b) The dispenser files with the board a written application for an emergency waiver on a form provided by the board prior to the required submission of dispensing data.

Note: The application for an emergency waiver may be obtained online at www.dsps.wi.gov or obtained at no charge from the Department of Safety and Professional Services, 1400 East Washington Avenue, P.O. Box 8366, Madison, WI 53708.

(4) Unless otherwise specified by the board, an emergency waiver granted under sub. (3) shall only be effective for 7 days.

(5) A dispenser and dispenser delegate, if applicable, who fail to submit dispensing data or a zero report as required by subs. (1) and (2), or be granted an emergency waiver under sub. (3), or a dispenser and a dispenser delegate, if applicable, who submit false information to the board may be subject to disciplinary action by the licensing board that issued the license under which the dispenser is authorized to dispense monitored prescription drugs.

Wisconsin Administrative Code (2016)
Controlled Substances Board
Chapter CSB 4. Prescription Drug Monitoring Program

CSB 4.08 Exemptions from compiling and submitting dispensing data.

(1) The board shall exempt a dispenser from compiling and submitting dispensing data and from submitting a zero report as required under this chapter until the dispenser is required to renew his or her license, or until the dispenser dispenses a monitored prescription drug, if the dispenser satisfies all of the following conditions:

(a) The dispenser provides evidence sufficient to the board that the dispenser does not dispense monitored prescription drugs.

(b) The dispenser files with the board a written request for exemption on a form provided by the board.

Note: The application for an exemption may be obtained online at www.dsps.wi.gov or at no charge from the Department of Safety and Professional Services 1400 East Washington Avenue, P.O. Box 8366, Madison, WI 53708. A dispenser who is already exempt can renew his or her exemption as part of the licensure renewal process.

(2) A dispenser is not required to compile or submit dispensing data when the monitored prescription drug is administered directly to a patient.

(3) A dispenser is not required to compile or submit dispensing data when the monitored prescription drug is a substance listed in the schedule in s. 961.22, Stats., and is not a narcotic drug, as defined in s. 961.01 (15), Stats., and is dispensed pursuant to a prescription order for a number of doses that is intended to last the patient 7 days or less.

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Wyoming
§ 35-7-1060
ADC AI PDSC Ch. 8, § 2

West's Wyoming Statutes Annotated (2015)
Title 35. Public Health and Safety
Chapter 7. Food and Drugs
Article 10. Controlled Substances
Article X

§ 35-7-1060. Controlled substances prescription tracking program

(a) In addition to other duties and responsibilities as provided by this act, the board shall maintain a computerized program to track prescriptions for controlled substances for the purposes of assisting patients, practitioners and pharmacists to avoid inappropriate use of controlled substances and of assisting with the identification of illegal activity related to the dispensing of controlled substances. The tracking program and any data created thereby shall be administered by the board, and the board may charge reasonable fees to help defray the costs of operating the program. Any fee shall be included with and in addition to other registration fees established by the board as authorized in W.S. 35-7-1023.

(b) All prescriptions for schedule II, III and IV controlled substances dispensed by any retail pharmacy licensed by the board shall be filed with the board electronically or by other means required by the board no later than the close of business on the business day immediately following the day the controlled substance was dispensed. The board may require the filing of other prescriptions and may specify the manner in which the prescriptions are filed.

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Wyoming Rules and Regulations (2016)
Department of Administration and Information
Board of Pharmacy - Commissioner of Drugs and Substances Control
Chapter 8. Prescription Drug Monitoring Program

Section 2. Transmission of Information Regarding Dispensing of Controlled Substances to Certain Persons.

(a) Each resident/nonresident retail pharmacy that dispenses a controlled substance that is listed in Schedule II, III or IV to a person in this state who is not an inpatient of a hospital, correctional institution or nursing facility, shall transmit to the board or its agent the required information. If the retail pharmacy does not dispense more than 25 controlled

substance prescriptions per month to patients residing in this state, the retail pharmacy may request a waiver from the board. The information relating to the following field names shall be transmitted:

(i) Dispenser identification number;
(ii) Patient date of birth;
(iii) Patient gender;
(iv) Date prescription was filled;
(v) Prescription number;
(vi) Prescription is new or is a refill;
(vii) Quantity dispensed;
(viii) Date Prescription issued by prescriber;
(ix) Days supply dispensed;
(x) NDC code number for drug dispensed;
(xi) Prescriber identification number;
(xii) Patient last name;
(xiii) Patient first name;
(xiv) Patient street address;
(xv) Patient zip code.

(b) The resident/nonresident retail pharmacy shall ensure that, not later than seven (7) days after the prescription was dispensed, the information required pursuant to this chapter is transmitted to the board or its agent by one of the following methods:

(i) Computer modem that can transmit information at the rate of 2400 baud or more;

(ii) Computer disk;

(iii) Cassette containing magnetic tape, which is 1/4 of an inch wide and is used to transmit information between computerized systems;

(iv) Paper printout.

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