General Q&A

Q: What is a Prescription Drug Monitoring Program (PDMP)?

A: The PDMP is a statewide program that collects information about controlled substance prescription drugs that are dispensed to patients within the state.

Q: Why does Pennsylvania have a PDMP?

A: The Office of the Attorney General (OAG) operated the former PDMP. Previously, the PDMP required the reporting of Schedule II controlled substances only. The legislature passed a new law, Act 191 of 2014, which requires monitoring Schedule II through Schedule V controlled substances. The Pennsylvania Department of Health is responsible for the development and the day-to-day operations of the new system.

Q: Do other states have PDMPs?

A: 49 states, including Pennsylvania, have an operational prescription drug monitoring program or have enacted legislation to establish a PDMP and are in the process of creating one.

Q: What is the purpose of the new PDMP?

A: The purpose of the PDMP established by Act 191 of 2014 is two fold:

To be used as a tool to increase the quality of patient care by giving prescribers and dispensers access to a patient's controlled substance prescription medication history, which will alert medical professionals to potential dangers for purposes of making treatment determinations; and

To aid regulatory and law enforcement agencies in the detection and prevention of fraud, drug abuse and the criminal diversion of controlled substances.

Q: How does the PDMP work?

A: As of January 1, 2017, dispensers are required to collect and submit this information to the PDMP no later than the close of the subsequent business day. The PDMP stores the information in a secure database and makes it available to healthcare professionals and others as authorized by law.

Q: When will prescribers and dispensers have access to the PA PDMP database?

A: Registration for PA PDMP program is open and the system is available for query.

Q: What are controlled substances?

A: Controlled substances are drugs that have varying degrees of potential for abuse or dependence. Drugs and other substances that are considered controlled substances under the Controlled Substances Act (CSA) are divided into five schedules. Substances are placed in their respective schedules based on whether they have a currently accepted medical use in treatment in the United States, their relative abuse potential, and likelihood of causing dependence when abused. The following are examples of Schedule II through Schedule V controlled substances:

Schedule II - drugs with acceptable medical use, but with a high abuse potential that lead to dependence (morphine, methadone, oxycodone).

Schedule III - drugs with less abuse potential and a moderate risk of abuse potential (aspirin/codeine combinations, buprenorphine).

Schedule IV - drugs with a lower abuse potential (alprazolam, clonazepam, diazepam).

Schedule V - drugs with less abuse potential than other schedule drugs and contain limited quantities of a controlled substance (robitussin AC, phenergan with codeine).

If you would like to look up whether a specific substance is controlled, you can use the following lists:

DEA: List of controlled substances in alphabetic order (PDF)

CDC: List of controlled substances including opioids with oral morphine milligram equivalent conversion factors (Excel file)

Pennsylvania Controlled Substance, Drug, Device and Cosmetic Act (PDF)

Q: Will there be a training program for dispensers and prescribers to utilize the new system?

A: Yes, all PDF tutorials on how to register, search and use the system are available on the PDMP Portal section of the website.

Q: What is required of dispensers?

A: As of January 1, 2017, all Schedule II-V dispensed prescriptions must be reported to the system no later than the close of the subsequent business day.

For example, if your pharmacy is open Monday to Friday, from 8:30 a.m. to 9:00 p.m. the dispensation data from Monday must be submitted by Tuesday before 9:00 p.m. The dispensation data from Friday must be submitted by the following Monday before 9:00 p.m.

Note: The PMP Clearinghouse can accept dispensation data every day including weekends.

Q: Will the new PDMP system be "real-time"?

A: Dispensers, prescribers and their delegates will have "real-time" access to the data stored by the PDMP at any given time. However, beginning January 1, 2017, dispensers have up to the close of the subsequent business day to submit data after dispensing a scheduled prescription drug.

Q: Do dispensers or prescribers have to pay anything for the program?

A: A dispenser or prescriber shall not be required to pay a fee or tax specifically dedicated to the establishment, operation or maintenance of the program.

Q: Will the PDMP offer any kind of referrals to treatment programs for patients suspected to have the disease of addiction?

A: The PDMP provides data to healthcare professionals to enable them to make more informed decisions about prescribing and dispensing monitored prescription drugs to their patients or potential patients. Healthcare professionals are encouraged to use the data obtained from the PDMP to improve their treatment of patients, including referring patients to substance abuse treatment. Information

regarding drug and alcohol treatment services is available on the Pennsylvania Department of Drug and Alcohol Programs website.

Q: Would prescription dispensation data from Methadone Assisted Treatment (MAT) Programs or Narcotics Treatment Programs (NTP) in Pennsylvania be included into the PA PDMP system?

A: Licensed health care facilities, including MATs/NTPs, that distribute controlled substances for the purpose of administration in the licensed health care facility are not required to submit data to the PA PDMP system. Furthermore, MATs/NTPs are covered under the confidentiality regulation 42 CFR Part 2, Subpart C, which does not allow medical professionals in MATs/NTPs to share any controlled substances dispensation information to the PA PDMP system.

Prescriber Q&A

Q: How does the PDMP legislation define prescriber?

A: According to Act 191 of 2014, a prescriber is a person who is licensed, registered or otherwise lawfully authorized to distribute, dispense or administer a controlled substance, other drug or device in the course of professional practice or research in this Commonwealth. The term does not include a veterinarian.

Q: If I don't prescribe any controlled substances, do I need to register for the program?

A: As of January 1, 2017, all licensed prescribers who are lawfully authorized to distribute, dispense, or administer a controlled substance in the Commonwealth of Pennsylvania are required to register with the program. This does not include veterinarians.

Q: If I am licensed in Pennsylvania but do not practice in Pennsylvania, do I need to register for the program?

A: Yes. As of January 1, 2017, all licensed prescribers who are lawfully authorized to distribute, dispense, or administer a controlled substance in the Commonwealth of Pennsylvania are required to register with the program. This does not include veterinarians.

Q: If I am a retired prescriber, do I need to register for the program?

A: As of January 1, 2017, all licensed prescribers who are lawfully authorized to distribute, dispense, or administer a controlled substance in the Commonwealth of Pennsylvania are required to register with the program. If you do not have an active license, you do not need to register.

Q: What are the requirements for prescribers regarding the use of the PA PDMP?

A: Per Act 191 of 2014, lawfully authorized prescribers are required to query the PDMP for an existing patient when the following clinical situations apply:

For each patient the first time the patient is prescribed a controlled substance by the prescriber for purposes of establishing a baseline and a thorough medical record; or

If a prescriber believes or has reason to believe, using sound clinical judgment, that a patient may be abusing or diverting drugs; or

Each time a patient is prescribed an opioid drug product or benzodiazepine by the prescriber.

These requirements apply (1) to inpatient or outpatient settings; to acute or anticipated chronic controlled substance(s) prescriptions; to new or established patients; and in situations where the prescriber is seeing his/her own patient or is covering for a colleague. Writing a controlled substance(s) prescription for the first time to a patient is the basis for checking the PDMP in (1) above.

However, as part of good clinical practice, the Department of Health recommends that health care professionals check the system every time before a controlled substance(s) is prescribed or dispensed in any clinical setting.

Q: Are prescribers required to check the PDMP when providing care in emergency departments?

A: No. Checking the PDMP is not required for any medication provided to a patient in the course of treatment while undergoing care in an emergency department. This does not apply to patients undergoing care in urgent care centers or when in observation status in a health care facility. However, as part of good clinical practice, the Department of Health recommends that health care professionals check the system every time before a controlled substance(s) is prescribed or dispensed in any clinical setting.

Q: Does the PDMP need to be queried before prescribing a controlled substance to a patient who is admitted to a health care facility?

A: The PDMP system must be queried at least once from the time of admission through discharge when a patient is prescribed a controlled substance, as required by law. Beyond the initial query, additional queries of the system are not required as long as the patient remains admitted to the licensed health care facility or remains in observation status in a licensed health care facility. The Department of Health recommends that health care facilities develop a process by which documentation is made in the clinical record so that the care team knows an initial query has been made and does not have to be repeated.

Q: When do prescribers need to query the system if they issue controlled substance prescriptions dated in the future?

A: Prescribers should query the system at the time the prescriptions are issued to the patient.

Q: Do prescribers need to query the PDMP system every time they prescribe a new controlled substance medication for a patient?

A: Yes, if it's a new prescription for that patient, the prescriber is required to check the PA PDMP system.

Q: If a prescriber is switching a patient's controlled substance medication to a different but similar one, does the prescriber need to query the system?

A: Yes, if it's a new prescription for that patient, the prescriber should check the PA PDMP system.

Q: Do prescribers need to query the PDMP system every time they prescribe an opioid or benzodiazepine, even if the patient has signed a controlled substance agreement in clinic and is seen regularly?

A: Yes. As of January 1, 2017, each time a patient is prescribed an opioid or a benzodiazepine, the PDMP is required to be queried.

Q: Are prescribers required to query the PDMP system when prescribing a dosage change or refill for an opioid or benzodiazepine?

A: Yes. As of January 1, 2017, each time a patient is prescribed an opioid or a benzodiazepine, the PA PDMP system is required to be queried.

Q: Are prescribers required to query the PA PDMP system when prescribing a dosage change or refill for a controlled substance other than an opioid or benzodiazepine?

A: No. Query is not required when prescribing a dosage change or refill of non-opioid, non-benzodiazepine controlled substances previously prescribed to the patient by the prescriber.

Q: Does a prescriber need to record information from the PA PDMP system into the electronic medical record?

A: Yes, there are two situations in which a prescriber needs to record information from the PA PDMP system into the medical record.

Act 191 of 2014 states that a prescriber shall indicate the information obtained from the system in the patient's medical record if:

The individual is a new patient; or

The prescriber determines a drug should not be prescribed or furnished to a patient based upon the information from the system.

This documentation could be as simple as, "Checked the PA PDMP; no red flags identified; safe to proceed with prescription," or "Checked the PA PDMP; opted not to prescribe a narcotic after determining patient had filled six prescriptions from four different prescribers over the past five weeks. Discussed findings with patient."

Q: As a physician, do I need to input any information into the PA PDMP system?

A: If you are a dispensing physician, you are considered a dispenser and will be required to submit your dispensation data to the PA PMP Clearinghouse. Physicians that do not dispense controlled substance(s) themselves do not need to input any information into the PA PDMP system.

Q: What is the level of liability on a prescriber if they make a clinical decision to issue or not issue an opioid based on the data in the PDMP?

A: A prescriber who received information from the system in accordance with Act 191, sections 7, 8 and 9, shall not be held civilly liable for not seeking or obtaining information from the system prior to prescribing a controlled substance. Accessing the system does not insulate healthcare professionals from medical malpractice claims simply because they access the system. Prescribers still must use sound clinical judgment in making treatment decisions. The system is simply another tool, just like attending conferences on particular areas of practice or reading current journals, etc. If prescribers make a clinical decision that causes harm, they will be subject to the same practice/malpractice standards as any practitioner would be in any other circumstance.

Q: What happens if prescribers improperly use or fail to check the system when making a clinical decision about prescribing a controlled substance?

A: If prescribers improperly use the system, including knowingly or intentionally obtaining information for purposes other than for treatment or dispensation of controlled substances, they are subject to civil and/or criminal penalties. Failure to comply with the mandates set forth in Act 191 of 2014 could result in disciplinary action against one's professional license. Disciplinary actions of professional licenses fall under the purview of the Department of State.

Q: Before a prescriber or delegate searches a patient's controlled substance prescription history on the PDMP system, do they need to get patient consent?

A: No. Authorized users of the PA PDMP system do not need to obtain patient consent prior to querying the system.

Physician-in-training (including interns and advanced-level residents) Q&A

Q: If I am a physician-in-training (including interns and advanced-level residents), which role should I select to register for the PDMP?

A: If you are a physician-in-training WITH your own DEA number, please select the "Medical Resident" role in the PDMP system (PA PMP AWARxE).

If you are a physician-in-training WITHOUT your own DEA number, you should check with your Graduate Medical Education (GME) office to determine its policy on how you should register for the PDMP.

There are two options for GME directors to consider:

Physicians-in-training can register for their own account under the "Prescriber without DEA" role in the PDMP system (PA PMP AWARxE). Please note that once they register as a "Prescriber without DEA," they are required to upload validation documents at the end of online registration, including color copies of their graduate medical license and their government issued photo identification.

Physicians-in-training can register as a delegate under one or more attending physicians.

The first option is attractive to many teaching hospitals where physicians-in-training may work with several different attending physicians. The first option allows physicians-in-training to have their own accounts that last throughout residency or until such time as they acquire their own DEA numbers. In the second option, physicians-in-training as delegates can run queries on behalf of supervising physician(s) by selecting them from a drop-down box on the patient request form. To do this, delegates must first add supervising physicians to their profiles, and supervising physicians must approve them, which can become burdensome as physicians-in-training move from one supervising physician to another depending on rotation schedules. The first option eliminates this burden. On the other hand, the second option allows for simpler registration. The second option also enables supervising physicians to easily track the PDMP activity of their physician-in-training delegates.

Q: What forms of photo identification (ID) are acceptable for residents to upload when they register under the "prescriber without DEA" role?

A: We ask that physicians-in-training submit a color copy of a state-issued photo ID or a passport.

Q: What happens if a resident who registers as a "prescriber without DEA" but then subsequently acquires their own (not institutional) DEA number during residency? How do they change 'roles' within the PA PDMP system?

A: If a "prescriber without DEA" resident obtains their own individual DEA number during residency, they should contact the PDMP office to update their role.

Q: Are institutional DEA numbers allowed?

A: No. Prescribers need to register with their own unique, individual (not institutional) DEA numbers.

Dispenser Q&A

Q: How does the PDMP legislation define dispenser?

A: According to Act 191 of 2014, a dispenser is a person licensed to dispense in this Commonwealth, including mail order and internet sales of pharmaceuticals.

This term does not include any of the following:

A licensed health care facility that distributes the controlled substance for the purpose of administration in the licensed health care facility.

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.

An authorized person who administers a controlled substance, other drug or device.

A wholesale distributor of a controlled substance.

A licensed provider in the LIFE program.

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.

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.

A veterinarian.

Q: Are dispensers required to register for the program?

A: As of January 1, 2017, all individuals lawfully authorized to dispense in the Commonwealth of Pennsylvania, including mail order and internet sales of pharmaceuticals, must register with the program.

Q: In which circumstances can dispensers query the PDMP?

A: Lawfully authorized dispensers may query the PDMP for a current patient to whom the dispenser is dispensing or considering dispensing any controlled substance.

Q: Are dispensers required to query the PDMP?

A: Yes, as of January 1, 2017, dispensers shall query the PDMP before dispensing an opioid drug product or a benzodiazepine prescribed to a patient if any of the following apply:

The patient is a new patient of the dispenser.

The patient pays cash when they have insurance.

The patient requests a refill early.

The patient is getting opioid drug products or benzodiazepines from more than one prescriber.

A new patient does not include an individual going to the same pharmacy, or a different physical location of that pharmacy, if the patient's record is available to the dispenser. Cash refers to any non-insurance payment, excluding copays. Early refill is defined as when the patient requests a refill prior to the date when they are eligible for insurance coverage for the prescription, or when more than 15 percent of an earlier-dispensed medication would remain when taken in compliance with the directions and quantity prescribed. Dispensers must query the PDMP if they have reason to believe the patient is getting opioid drug products or benzodiazepines from more than one prescriber.

Q: Who must report dispensation data to the PDMP and how frequently?

A: Pharmacies and dispensing prescribers must submit all controlled substance (Schedules II–V) dispensation information to the PMP Clearinghouse no later than the close of the subsequent business day after dispensing a controlled substance. A business day is any day within the standard five-day business week beginning on Monday and ending on Friday. Dispensers are encouraged to submit every day as well as on weekends if they are open for business.

Q: If a dispenser does not dispense any controlled substances on a business day, do they need to submit a zero-report?

A: Yes, dispensers must submit a zero-report to notify the PDMP office that they did not dispense any controlled substances on a given business day. In certain circumstances we will grant dispensers a waiver from submitting zero-reports, for instance, if a pharmacy never dispenses controlled substances or dispenses less than 5 controlled substances per month. The zero-report waiver application is available here.

Q: Do dispensers need to report the date the prescription was filled or the date it was picked up?

A: If a dispenser has the date the prescription was sold or picked up, then they must report that. This is only possible if the pharmacy has a point-of-sale system that is integrated with the pharmacy management system to allow a bidirectional flow of information. If the date the prescription sold is not available, submitting the date it was filled is sufficient.

Q: Are dispensers required to report the National Provider Identifier (NPI) number of the pharmacist?

A: No. However, dispensers are required to submit both the NPI and Drug Enforcement Administration (DEA) number of the pharmacy.

Q: Are dispensers required to collect identification (ID) from patients when they pick up or drop off prescriptions and report that to the PDMP?

A: No, collecting patient ID information is not legally required at this time. However, dispensers are permitted to collect IDs from patients if they so choose.

Q: When the prescription is for an animal, whose name and address should be submitted?

A: When dispensing to veterinary patients, the owner's information should be collected and submitted to the PDMP. Additionally, field PAT20 should indicate “Veterinary Patient” and field PAT23 should indicate the name of the animal. Please consult the data submission guide for more information on the necessary data fields.

Q: How should partial fills be reported?

A: Partial fills can be indicated using field DSP13. The first partial fill is indicated as 01 and each subsequent fill should increase by 1. Please consult the data submission guide for more information on the necessary data fields.