Frequently Asked Questions  
MN Prescription Monitoring Program (PMP)

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Purpose of the PMP

Q. What is the purpose of the Prescription Monitoring Program?
A. When the Legislature enacted the law requiring the Board to implement the program it stated that the collected data could be used for the identification of:

   (1) individuals receiving prescriptions for controlled substances from prescribers who subsequently obtain controlled substances from dispensers in quantities or with a frequency inconsistent with generally recognized standards of use for those controlled substances, including standards accepted by national and international pain management associations; and
   (2) individuals presenting forged or otherwise false or altered prescriptions for controlled substances to dispensers.

So, the purpose of the PMP is to identify individuals engaged in “doctor-shopping”. The Board encourages pharmacists and prescribers who identify such patients to help them get the help that they need to deal with either chronic, under-treated pain or chemical dependency.

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Reporting/Frequency of Reporting

Q. Which controlled substance prescriptions must be reported to the PMP?
A. Pharmacies licensed and located in Minnesota must report to the MN PMP all schedule II, III and IV controlled substance prescriptions that they dispense. This includes prescriptions for those drugs in federal schedule V that are schedule III in Minnesota. (Click here for a list of such drugs.) All such prescriptions must be reported, including those dispensed for non-Minnesota residents or mailed/shipped out of state.
Out of state pharmacies must report to the MN PMP all schedule II, III, and IV controlled substance prescriptions that they deliver, ship or mail into the state of Minnesota. This includes prescriptions for those drugs in federal schedule V that are schedule III in Minnesota. (Click here for a list of such drugs.) However, when a MN resident actually goes to another state and physically picks up the prescription(s) in that state, that prescription technically is not dispensed in MN and is not to be reported to the MN PMP.

Q. Are there any types of patients for whom reporting of controlled substance prescriptions is not required?
A. Yes. The law states that a dispenser is not required to submit data for those controlled substance prescriptions dispensed for:

   (1) individuals residing in licensed skilled nursing or intermediate care facilities;
   (2) individuals receiving assisted living services under chapter 144G or through a medical assistance home and community-based waiver;
   (3) individuals receiving medication intravenously;
   (4) individuals receiving hospice and other palliative or end-of-life care; and
   (5) individuals receiving services from a home care provider regulated under chapter 144A.

Pharmacies that only dispense controlled substances for these types of patients can notify the Board and ask to be entirely exempted from the reporting requirement. Pharmacies that serve these types of patients but that also dispense controlled substance prescriptions to “regular”, ambulatory outpatients must report to the PMP, but may exclude the prescriptions dispensed to patients that are in one of the above-mentioned categories.

Q. Does a practitioner who administers a drug to a patient in a clinic, emergency room or other outpatient facility have to report the administration of a drug to the PMP? (For example, the IM injection of meperidine for a patient treated for pain in an emergency room).
A. No. The administration of a drug does not have to be reported to the PMP. The law states that “dispensing does not include the direct administering of a controlled substance to a patient by a licensed health care professional”. Only those drugs dispensed to the patient (i.e. given to the patient to take home for later use) must be reported to the PMP.

Q. How frequently must data be submitted to the program?
A. Daily. However, the Board may grant permission for dispensers to report less frequently if they only occasionally dispense controlled substance prescriptions or if they have some other valid reason.

Q. We only dispense outpatient prescriptions from our ER in an emergency situation and rarely dispense controlled meds. How do I obtain a waiver in order to not have to upload prescription information daily?
A. The “Request for Weekly Reporting” form is provided for you on the PMP web site at: http://www.phcybrd.state.mn.us/Main-PMP.htm

Q. Where can I get exemption forms (weekly, manual, exemption from reporting)?
A. These forms are available on the PMP website at: http://www.phcybrd.state.mn.us/Main-PMP.htm

Q. I have a pharmacy or am a dispensing practitioner but I never dispense controlled substances or do so only rarely. Do I still need to report?
A. A pharmacy or dispensing practitioner that never dispenses controlled substances can request permission from the Board to be entirely exempt from the reporting requirement. Those that dispense controlled substances only occasionally do need to report. However, they can submit “zero-claim” reports for periods during which they have not dispensed any controlled substance prescriptions.

Q. What options are available for the reporting of data?
A. Secure FTP over SSH, PGP encrypted files sent via simple FTP, upload via SSL, Web site, and physical media (tape, diskette, CD, DVD). All of these methods must adhere to the American Society for Automation in Pharmacy (ASAP) 2007 standard. If an automated recordkeeping system capable of producing an electronic report in the ASAP format is not available, dispensers may submit prescription information via paper submission using a specially provided form.

Q. It would appear the only patients we would need to report data for are the occasional discharge prescriptions we might do on a weekend or holiday for post surgical patients. Our ER fills prescriptions through InstyMeds when local retail pharmacies are closed. Our hospital only deals with our attached LTC, inpatient and hospice patients. Are we exempt from reporting?
A. You do not need to report the controlled substance prescriptions that you dispense for patients in Long Term Care (LTC) facilities, inpatients or hospice patients. While the law does not explicitly exempt discharge prescriptions from the reporting requirement, the Board will not require hospitals to report discharge controlled substance prescriptions (i.e. prescriptions dispensed to patients upon their discharge after an inpatient hospitalization).

As for InstyMeds and any similar device, nothing in the law exempts controlled substance prescriptions that are dispensed from emergency rooms (or urgent care facilities) from being reported – no matter how they are dispensed. To the contrary, a provision which would have exempted prescriptions that contained less than a 48 hour supply of a controlled substance (and which were written with ER dispensing in mind) was removed from the law. The legislators were made aware of data indicating that "doctor shoppers" get a good portion of their drugs from visiting multiple ERs.

So someone is going to have to report the controlled substances dispensed from Emergency Rooms (and Urgent Care facilities) - whether they are dispensed from InstyMeds machines, or as "pre-packs" or "starter packs" or in some other way...
dispensed. The Board has always considered dispensing from InstyMeds machines (or any similar device) to be a type of prescriber dispensing. For InstyMeds machines (or any similar device), the prescriber who writes each prescription is also the dispenser - not the company that sells the machines. The Board would have no problem with ER staff (or other hospital staff) doing the reporting on behalf of the prescribers. The company that sells the machines could also report the dispensing - but only as an agent of the prescriber. It is never appropriate for the company that sells the machines to indicate, for any purpose, that it is the dispenser of the drugs vended from the machines. For the purposes of reporting to the PMP only the facility in which the machine is located should be listed in the prescriber field.

Q. Our facility is a small, critical-access hospital. Most outpatient controlled substance dispensing is for patients seen in our emergency room. The controlled substances are supplied as "pre-packs" or "starter packs" that are given to patients by the prescriber. Does such dispensing have to be reported?
A. Yes. Nothing in the law exempts controlled substance prescriptions that are dispensed from emergency rooms from being reported. To the contrary, a provision which would have exempted prescriptions that contained less than a 48 hour supply of a controlled substance (and which were written with ER dispensing in mind) was removed from the law. The legislators were made aware of data indicating that "doctor shoppers" get a good portion of their drugs from visiting multiple ERs.

So someone is going to have to report the controlled substances dispensed from Emergency Rooms - even when they are dispensed as "pre-packs" or "starter packs". In this scenario, the prescriber is actually also the dispenser - since this is a form or prescriber dispensing. For the purposes of reporting to the PMP only, the facility should be listed in the prescriber field.

Q. I am assuming that the reporting requirement means prescriptions that are dispensed on an outpatient basis; I hope this does not mean CII –IV meds given to inpatients in the hospital?
A. That is correct - only prescriptions dispensed on an outpatient basis need to be reported. Dispensing for hospital inpatients is specifically exempted from the law's reporting requirement.

Accessing The PMP for Reporting

Q. How do I get a User name and Password for reporting to the PMP?
A. To log into the web site for reporting dispensed prescriptions, you will need a User name and a password. (Please note: The Board of Pharmacy does not send out your User name and password.) You will create your User name and password when you go through the steps for “Creating Your Account” as outlined in the Dispenser’s Implementation Guide. Note: if you do not have a Dispenser’s Implementation Guide, please download it from the “Forms and Documents” section of the PMP web site at http://www.phcybrd.state.mn.us/Main-PMP.htm.
For lost passwords, password changes or other technical questions, please contact the Health Information Designs (HID) Help desk at 1-866-792-3149.

Dispensing for Animals

Q. Can you provide clarification regarding the reporting of controlled substances that are dispensed for pets or other animals?
A. The guidance contained in the dispenser’s Implementation Guide (v2.4) has been updated to state that when the recipient of the controlled substance is an animal, the following information is to be reported:

a. First name - animal's name
b. Last name - owner's last name
c. DOB - animal's DOB, if known. (Provide best estimate of DOB if exact DOB is not known)
d. Gender - animal's gender
e. Address - owner's address

Therefore, the prescription will indicate that the controlled substance has been dispensed to the animal, not to the owner of the animal.

Inappropriate Prescribing

Q. Will the data maintained in the PMP database be used to identify “inappropriate” prescribing by practitioners?
A. No. The law contains the following two clauses:

(1) No permissible user identified under subdivision 6 may access the database for the sole purpose of identifying prescribers of controlled substances for unusual or excessive prescribing patterns without a valid search warrant or court order.

(2) No personnel of a state or federal occupational licensing board or agency may access the database for the purpose of obtaining information to be used to initiate or substantiate a disciplinary action against a prescriber.

In addition, the law also contains this language (emphasis added):

(1) Treatment of intractable pain. This section is not intended to limit or interfere with the legitimate prescribing of controlled substances for pain. No prescriber shall be subject to disciplinary action by a health-related licensing board for prescribing a controlled substance according to the provisions of section 152.125.
Finally, the Board is prohibited from releasing the name of a prescriber without the written consent of the prescriber or a valid search warrant or court order. Consequently, the boards that license prescribers will not have access to the program’s database.

**Legal Implications/Requirements**

**Q. Are pharmacists and prescribers required to use the database before issuing or dispensing prescriptions for controlled substances?**

**A.** No. The law states that nothing “in this section shall require a pharmacist, prescriber, or other dispenser to obtain information about a patient from the program”.

**Q. Are there any legal protections for dispensers who report data to the PMP and users who request patient profiles?**

**A.** Yes. The law states that a “pharmacist, prescriber, or other dispenser making a report to the program in good faith under this section is immune from any civil, criminal, or administrative liability, which might otherwise be incurred or imposed as a result of the report, or on the basis that the pharmacist or prescriber did or did not seek or obtain or use information from the program”. It further states that “the pharmacist, prescriber, or other dispenser, if acting in good faith, is immune from any civil, criminal, or administrative liability that might otherwise be incurred or imposed for requesting, receiving, or using information from the program”.

Pharmacists and prescribers should note that they can request profiles only for those patients that they are currently treating and only if they are considering the prescribing or dispensing of a controlled substance. **Pharmacists and prescribers must not look up the profiles of anyone that they are not currently treating.**

**Q. How long is prescription data maintained in the database?**

**A.** By law, prescription data may be kept in the active database for no longer than 12 months.

**Q. Do I have to notify customers that their prescription information is being reported to the PMP?**

**A.** Yes. Minnesota Statutes Section 152.126 required pharmacies to begin reporting controlled substance (CII – CIV and the other C5 controlled substances classified as CIII under MN law) prescriptions to the Minnesota Prescription Monitoring Program (PMP) by January 4, 2010 and to post a "conspicuous notice” of reporting to the PMP database. The law doesn't specifically address how the notice must be given or provide specific wording to be included in the notice. It would seem that a conspicuously placed sign(s) in the patient area(s) would be the easiest way for a pharmacy (or other dispenser) to provide this required notice.

Possible wording for the notice is shown as follows:
"This pharmacy reports prescriptions for controlled substances to the Minnesota Prescription Monitoring Program as required by Minnesota Statutes Section 152.126".

Other options for the pharmacy or dispensing agency could include the following:

(1) Print a "conspicuous" notice on the receipt for the controlled substance prescription
(2) Verbally tell patients about the reporting when they pick up prescriptions
(3) Put a sticker with a "conspicuous" notice on the prescription bottle/package
(4) Include a separate piece of paper with a "conspicuous" notice with the prescription when it is mailed out

Possible wording for this type of notice is shown as follows:

"The dispensing of this controlled substance prescription was reported to the Minnesota Prescription Monitoring Program as required by Minnesota Statutes Section 152.126".

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