

Required Review of PMP Patient History - FAQ

1. What is the definition of an “opiate?”
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6. I am not sure if my patient’s situation is covered under one of the exemptions listed in MN Statute Sect. 152.126 Subd. 6 (d), do I need to search under this particular situation?
7. The Statute reads that review is not required if the controlled substance is prescribed or administered to a patient who is admitted to an inpatient hospital. Does this include medications ordered at discharge for outpatient use?
8. Is there functionality within MN PMP AWARe to show that I reviewed my patient’s PMP history?
9. What are the consequences if I choose not to review the PMP prior to prescribing opiates?
10. I see patients in a border state. I see patients that live in both Minnesota and my practice state (i.e. WI). Do I need to search the *Minnesota* PMP when I prescribe for a patient living in Minnesota or filling an opiate in Minnesota?
11. The facility I practice in is located in Minnesota, on the border of another state. Should I use the *Minnesota* PMP system or the other state’s program, or do I need to use both?
12. How soon am I required to report a technical issue to the Board?
13. How do I report an inability to access a patient’s history report due to MN PMP AWARe operational or technological failure?
14. I reviewed my patient’s PMP history report and it shows a prescription associated to me that I did not prescribe. How can this be corrected?
15. I reviewed my patient’s PMP report and I have found some concerning history. Where can I find guidance?

1. What is the definition of an “opiate?”
 - a. Per [MN Statute Sect. 152.01 Subd. 11](#) "opiate" means any dangerous substance having an addiction forming or addiction sustaining liability similar to morphine or being capable of conversion into a drug having such addiction forming or addiction sustaining liability.

Additionally, opiate means any natural or synthetic product that works in a manner similar to morphine.

All Schedules II-V opiate controlled substances are listed under section [152.02](#).
2. Are pharmacists required to review the MN PMP prior to dispensing an opiate?
 - a. No, pharmacists are not included in the statutory requirement to review their patients’ history prior to dispensing opiates. However, pharmacists are encouraged to use the PMP in accordance with [MN Statute Sect. 152.126 Subd. 6](#).
3. Are veterinarians required to review the MN PMP prior to prescribing an opiate?
 - a. Response from the Board: *There is language in [MN Statute Sect. 152.126](#) that would seem to require veterinarians to check the PMP before issuing opiate prescriptions. However, other language excludes veterinarians from the requirement to register for a PMP account. Since the Legislature did not change the law to require veterinarians to have an account, it is reasonable to assume that the Legislature did not intend the requirement to check the PMP to apply to veterinarians.*
4. What is the Board’s definition of initial *prescription* as it applies to this statute?
 - a. The first instance in which you, as a prescriber assess a patient’s current condition and determine a controlled substance is to be prescribed under your authority.
5. What is the Board’s definition of ongoing provider/patient relationship of a duration of longer than one year as it applies to this statute?
 - a. This means that the provider has been treating the patient or has otherwise had responsibility for at least a portion of the patient’s care for at least the previous twelve months.
6. I am not sure if my patient’s situation is covered under one of the exemptions listed in [MN Statute Sect. 152.126 Subd. 6 \(d\)](#), do I need to search under this particular situation?
 - a. In permissible use situations, you are encouraged to access your patient’s prescription history data. However, we recommend you consult with your legal counsel to determine the appropriate course of action.

7. The Statute reads that review is not required if the controlled substance is prescribed or administered to a patient who is admitted to an inpatient hospital. Does this include medications ordered at discharge for outpatient use?
 - a. Though it is not required for prescribers caring for patients that are admitted to a hospital for inpatient care to review their patient's PMP history prior to prescribing an opiate to be dispensed at or after discharge, the Board encourages all providers to utilize best clinical judgement and review the PMP history of their patients when prescribing opiates when access is permissible per [MN Statutes Sect. 152.126 Subd. 6](#).
8. Is there functionality within MN PMP AWARxE to show that I reviewed my patient's PMP history?
 - a. Yes. Your MN PMP account retains the last 120 days of requests performed by you or your delegates on your behalf. (Login to your account, select: Menu/ RxSearch/ Requests History.)
9. What are the consequences if I choose not to review the PMP prior to prescribing opiates?
 - a. You may be subject to disciplinary action by your health licensing board.
10. I see patients in a border state. I see patients that live in both Minnesota and my practice state (i.e. WI). Do I need to search the *Minnesota* PMP when I prescribe for a patient living in Minnesota or filling an opiate in Minnesota?
 - a. You are not required to use the MN PMP system for your search. [Minnesota Statute Sect 152.126 subd. 6\(d\)](#) applies only to prescribers practicing within Minnesota. However, we do recommend you utilize the PMP in your practice state and include MN in your multi-state search criteria. Other states may have similar or additional requirements; searching with an out-of-state PMP may fail to meet qualifications of your state's requirements.
11. The facility I practice in is located in Minnesota, on the border of another state. Should I use the *Minnesota* PMP system or the other state's program, or do I need to use both?
 - a. If you are practicing in Minnesota, thus prescribing in Minnesota, you must follow the requirements in [Minnesota Statute Sect 152.126 subd. 6\(d\)](#). This includes accessing the MN PMP and searching for your patient's controlled substance history. The MN PMP has established agreements with all four border states which allows your search to include prescriptions dispensed in those states.
12. How soon am I required to report a technical issue to the Board?
 - a. Communicating system technical issues immediately will not always be possible. To ensure your compliance is documented, it is recommended to note the issue in your patient's chart as soon as possible. Communicating the technical failure to the Board is expected within 7 calendar days.

13. How do I report an inability to access a patient's history report due to MN PMP AWARe operational or technological failure?

- a. Contact the Appriss Customer First Center. You can report this by phone or by submitting a ticket.

By phone at **1-844-966-4767**; or,

Create a ticket for support: <https://apprisspmp.zendesk.com/hc/en-us/requests/new>

Additionally, it is not required but recommended to document inability to access PMP data within your patient's chart.

14. I reviewed my patient's PMP history report and it shows a prescription associated to me that I did not prescribe. How can this be corrected?

- a. Data submitted to the PMP comes directly from the dispenser of the prescription. If you did not prescribe the prescription in question, please contact the pharmacy listed within the report as the dispenser. The pharmacy is required to correct any reporting errors.

15. I reviewed my patient's PMP report and I have found some concerning history. Where can I find guidance?

- a. Within the [FAQ for Controlled Substance Insight Alerts \(CSIA\)](#) question numbers 7 and 8 discuss optional actions to take in response to viewing a patient history report that you feel displays high risk behavior. Additionally, on our website and within your AWARe account, there is a link to the [Fast-Tracker](#) which serves as a search tool specifically for Minnesota substance use disorder resources. You may also discuss the report with your patient or contact other healthcare providers within the report in an effort to coordinate care.