

FAQ's For Dispensers

1. Which controlled substance prescriptions must be reported to the MN PMP?
2. Are there any circumstances that reporting of controlled substance prescriptions is not required?
3. Are hospital pharmacies required to report to the MN PMP when dispensing for inpatient use?
4. How frequently must data be submitted to the MN PMP database?
5. I have a pharmacy but I never dispense controlled substances or do so only rarely. Do I still need to report?
6. I am a provider that dispenses from my office; do I need to report to the PMP?
7. Our facility/pharmacy is only open M-F 8-4:30; what shall hospital pharmacies do regarding daily report submission for ER prepacks dispensed after---hours and on weekends?
8. Do I have to notify customers that their prescription information is being reported to the PMP?
9. For the purposes of accessing the PMP, what is the definition of "pharmaceutical care?"
10. When is it permissible for a pharmacist who provides pharmaceutical care to access the PMP?
11. What is a NarxCare Report?

1. Which controlled substance prescriptions must be reported to the MN PMP?

As defined in [Minnesota Statute M.S. §152.126](#):

- A. Pharmacies licensed and located in Minnesota must report to the MN PMP all schedule II-V controlled substance prescriptions, along with prescriptions for butalbital and gabapentin, which are dispensed.

Out of state pharmacies licensed in MN must report all schedule II-V controlled substance prescriptions along with prescriptions for butalbital and gabapentin prescriptions that they deliver, ship or mail into the state of Minnesota. 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.

2. Are there any circumstances that reporting of controlled substance prescriptions is not required?

As defined in [Minnesota Statute M.S. § 152.126](#):

- A. Yes. The law states that reporting is not required for those controlled substances dispensed to:
- Individuals residing in a health care facility as defined in section [Minnesota Statutes Chapter §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.
 - 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](#).
 - Pharmacies that only dispense controlled substances under the above circumstances request an exemption from the reporting requirement. [Click here](#) to access exemption request form.

3. Are hospital pharmacies required to report to the MN PMP when dispensing for inpatient use?

- A. No, Dispensing which occurs by a licensed hospital pharmacy that distributes controlled substances, as defined in [Minnesota Statutes M.S. § 152.126](#), for inpatient hospital care only, are not required to report

4. How frequently must data be submitted to the MN PMP database?

- A. Daily. If no controlled substance (II--V, butalbital, gabapentin) prescriptions are dispensed on any particular day, a “zero report” is required to be submitted for that day. If the pharmacy is closed for business, and is unable to automate zero reporting it is permissible to report a zero report on the following business day. If there are two consecutive zero reporting days (closed for business) there must be two individual zero reports reported on the first open business day following. (Submitting a zero report with a date span greater than one day is unacceptable.)

5. I have a pharmacy but I never dispense controlled substances or do so only rarely. Do I still need to report?

- A. A pharmacy that **never** dispenses controlled substances can request permission from the MN PMP to be exempt from the reporting requirement. [Click here](#) for exemption form. Those that dispense controlled substances only occasionally need to report daily and must submit “zero reports” for days in which they do not dispense a qualifying controlled substance (schedules II--V, butalbital, gabapentin). If the pharmacy is closed for business, and is unable to automate zero reporting it is permissible to report a zero report on the following business day. If there are two consecutive zero reporting days (closed for business) there must be two individual zero reports reported on the first open business day following. (Submitting a zero report with a date span greater than one day is unacceptable.)

6. I am a provider that dispenses from my office; do I need to report to the PMP?

- A. Yes, if you dispense a qualifying controlled substance (schedules II--V, butalbital, gabapentin). If you **never** dispense one of these prescriptions you do not need to request an exemption. If you occasionally dispense a qualifying controlled substance from your office you do not need to submit “zero reports” daily, you are only required to report on days you dispense.

7. Our facility/pharmacy is only open M-F 8-4:30; what shall hospital pharmacies do regarding daily report submission for ER prepacs dispensed after---hours and on weekends?

- A. Prescriptions must be reported on a daily basis without exception. Some software vendors have been able to automate reporting for pharmacies. Other pharmacies have staff in the hospital manually report these prescriptions. To learn more about manual reporting please view the [AWARxE Clearinghouse Data Submitter Guide](#) under [PMP Data Submitters](#).

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

- A. Yes. [Minnesota Statutes M.S. §152.126](#) requires dispensers to provide to the patient for whom the prescription was written a conspicuous notice of reporting requirements of 152.126 and notice that the information may be used for program administration purposes. [Click here](#) for suggested language.

Other options for the dispenser might include the following:

- Print a "Conspicuous Notice" sign and place it where it can be easily seen by customers.
- Print a "Conspicuous Notice" on the receipt for the controlled substance prescription
- Put a sticker with a "Conspicuous Notice" on the prescription bottle/package
- Include a separate sheet of paper with a "Conspicuous Notice" with the prescription when it is mailed

9. For the purposes of accessing the PMP, what is the definition of "pharmaceutical care?"

- A. For the purposes of Minnesota Statutes, Section 152.126, pharmaceutical care is defined as clinical activities that pharmacists are engaged in, with dispensing activities being excluded. Examples include, but are not limited to:
- Medication therapy management,
 - Medication reconciliation,
 - Taking medication histories,
 - Conducting chart reviews, and
 - Working under various protocols and collaborative practice agreements.

Dispensing is excluded because M.S. 152.126 separately references dispensing as a reason for authorized use.

10. When is it permissible for a pharmacist who provides pharmaceutical care to access the PMP?

- A. A licensed pharmacist who is providing pharmaceutical care for which access to the data may be necessary to the extent that the information relates specifically to a current patient for whom the pharmacist is providing pharmaceutical care may access the PMP:
- If the patient has consented to access to the submitted data; **OR**
 - If the pharmacist is consulted by a prescriber who is requesting data in accordance with their permissible use clause.

11. What is a NarxCare Report?

- A. A NarxCare Report is an enhanced visualization of PMP data with risk indicators, graphs, summaries, and a line-by-line view of prescription data...NarxCare scores and reports are meant to aid, not replace, clinical decision making. None of the information presented should be used as sole justification for providing or refusing care. The scores are intended to raise provider awareness regarding PMP data. A concerning score should never result in a decision; rather, it should trigger a discussion with your patient. You should always look at the PMP data to assess which use patterns are leading to the NarxScore. Additional information can be found on the PMP website under [NarxCare](#).