

CHAPTER 61-12-01
PRESCRIPTION DRUG MONITORING PROGRAM

61-12-01-03. Operation of program.

4. The board may charge a fee to an individual who requests the individual's own information from the central repository.
5. The board may charge a fee to a person who requests statistical, aggregate, or other de-identified information.
3. The board may allow access to controlled substance records to delegates certified by an authorized individual listed in North Dakota Century Code section 19-03.5-03. It is the responsibility of the authorized individual to manage the delegates accessing the repository under their authority.
4. The board shall allow access to controlled substance records to authorized individuals listed in North Dakota Century Code section 19-03.5-03 for a period of 3 years.

History: Effective December 1, 2006; amended effective October 1, 2019.

General Authority: NDCC 19-03.5

Law Implemented: NDCC 19-03.5

61-12-01-04. Required use for certain dispensing situations.

4. ~~Prior to dispensing a prescription,~~ Each dispenser licensed by a regulatory agency in the state of North Dakota who dispenses a controlled substance to a patient, ~~for the treatment of pain or anxiety~~ shall, at a minimum, request and review a prescription drug monitoring report covering at least a one-year time period or another state's report, or both reports, when applicable and available prior to initially dispensing a prescription, with the exception of prescriptions for a patient in a Skilled Long Term Care facility or a Hospice patient. Further reports shall be requested and reviewed if the dispenser becomes aware of a person currently:
 - a. Receiving reported drugs from multiple prescribers;
 - b. Receiving reported drugs for more than twelve consecutive weeks;
 - c. Abusing or misusing reported drugs (i.e., over-utilization; early refills; appears overly sedated or intoxicated upon presenting a prescription for a reported drug; or an unfamiliar patient requesting a reported drug by specific name, street name, color, or identifying marks);
 - d. Requesting the dispensing of a reported drug from a prescription issued by a prescriber with whom the dispenser is unfamiliar (i.e., the prescriber is located out-of-state or the prescriber is outside the usual pharmacy geographic prescriber care area); or
 - e. Presenting a prescription for reported drugs when the patient resides outside the usual pharmacy geographic patient population.
5. After obtaining an initial prescription drug monitoring report on a patient, a dispenser shall use professional judgment based on prevailing standards of practice in deciding the frequency of requesting and reviewing further prescription drug monitoring reports or other state's reports, or both reports, for that patient.
6. In the rare event a report is not immediately available, the dispenser shall use professional judgment in determining whether it is appropriate and in the patient's best interest to dispense the prescription prior to receiving and reviewing a report.

7. For the purpose of compliance with subsection 1, a report could be obtained through a prescription drug monitoring program integration with software or also a board-approved aggregate tool, for which the NARxCHECK NARxCARE will be an approved tool. ~~The national association of boards of pharmacy foundation's NARxCHECK service is a risk assessment tool for health care providers and pharmacists that accesses patient prescription information from prescription drug monitoring databases, analyzes the data, and provides a risk-based score that includes prescription drug monitoring program data and graphical analysis to assist in prescribing and dispensing decisions.~~

History: Effective October 1, 2014; amended effective October 1, 2019.

General Authority: NDCC 19-03.5, 19-03.5-09, 43-15-10(12)

Law Implemented: NDCC 19-03.5